MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12060

12069

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 2307 Huidekoper Pl. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) (Last) Adamski, Sr.

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 16, 1884

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist - Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Lawerence Adamski

14. MOTHER'S MAIDEN NAME: Anna Klimek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records and {Mr Francis Adamski Sr. 10405 Tuckston Rd Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Congestive Heart Failure, acute — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary heart disease, severe.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension,

19a. DATE OF OPERATION: 12

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 19 55, to Dec 25, 19 55, that I last saw the deceased alive on Dec 26, 19 55, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Richard J. Meyer M.D. ADDRESS 1835 Eye St. N.W. DATE SIGNED Dec 26 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/29/55 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem. — LOCATION (City, town, or county) (State) Prince Georges Co. Md

DATE REC'D BY LOCAL REG. Dec 26 1955 — REGISTRAR'S SIGNATURE J. Hilton Waldt

24. FUNERAL DIRECTOR S.H. Hines Co — ADDRESS Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12061

CERTIFICATE OF DEATH

Reg. Dist. No. 216

12101

1. PLACE OF DEATH: Clinical Center
   COUNTY Montgomery MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
   LENGTH OF STAY (in this place) 8 mos
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Clinical Center National Institute of Health.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Kentucky COUNTY Drift
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
   STREET ADDRESS (If rural give location) 55 x 9

3. NAME OF DECEASED: (First) Denver (Middle) (none) (Last) Amburgy

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 22, 1911

9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rubin Amburgy

14. MOTHER'S MAIDEN NAME: Minnie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 403-05-1990

17. INFORMANT & ADDRESS: Mrs. Ona Amburgy, Drift, Kentucky

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Subacute Cryptococcus Endocard — Two Mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rheumatic Heart Disease — Years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1955, to Dec 17, 1955 that I last saw the deceased alive on Dec 17, 1955, and that death occurred at 7:45 P M, from the causes and on the date stated above.

SIGNATURE: Dr. John UTz / L. E. Gibson M.D. ADDRESS: Bethesda, Md DATE SIGNED: 12/18/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Transit-Burial | DATE THEREOF: 12-18-1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Martin Kentucky

DATE REC'D BY LOCAL REGISTRAR: 12-18-55 | REGISTRAR'S SIGNATURE: Lessie M. Thompson

24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS: 2901 14th St Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12062

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12070

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) Dec. 22, 1955
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 311 Lincoln Ave.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Edith (Last) Andrys.

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow.
8. DATE OF BIRTH: 12-24-71
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel M. Correll
14. MOTHER'S MAIDEN NAME: Lydia Butt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5

IMMEDIATE CAUSE (A) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Complete Obstruction of Sigmoid — 6 wks

DUE TO (C) Chronic Diverticulitis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 11-23-55
19B. MAJOR FINDINGS OF OPERATION: Obstruction of Sigmoid Colon
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1955, to Dec. 31, 1955, that I last saw the deceased alive on Dec. 31, 1955, and that death occurred at 11:45 P.M, from the causes and on the date stated above.

SIGNATURE Paul V. Starr M. D. ADDRESS Takoma Park, Md. DATE SIGNED 1-1-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit
DATE THEREOF Jan. 1/56
NAME OF CEMETERY OR CREMATORY Greensburg Cemetery, Greensburg, Summit Co., Ohio
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Jan 1 1956
REGISTRAR'S SIGNATURE J. Milton Neely
24. FUNERAL DIRECTOR Warner C. Pumphrey ADDRESS Silver Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

12063

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12102 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1day-1½hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4.7K-3
STREET ADDRESS (If rural give location) 3417 Fulton St., N.W.

3. NAME OF DECEASED: (First) Emma (Middle) Emelia (Last) Arnold
4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	WIDOWED	May 11, 1863	92 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	U.S.

13. FATHER'S NAME: David Matzke
14. MOTHER'S MAIDEN NAME: Caroline ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Ella E. Mattimare - daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) A.S.C.V.D. — years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senility DUE TO — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Substernal thyroid — years

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 54, to 12/31, 1955, that I last saw the deceased alive on 12/31, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Charles M Weber M.D. M.D. ADDRESS 1260 Parkland Dr. Rockville DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL - BURIAL	1-3-1956 ~~1-31-1955~~	Crown Hill in Knollwood	Indianapolis Ind

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/3/56	Bessie M. Thompson	The S.H. Hines Co	2901-14th St N.W. Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12064

Item 18 Film G190 12-15-55 aus

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: 12103
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) One month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Daniel (Middle) (n) (Last) ARUNDELL, Jr.
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 17 March 1913
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Daniel Arundell
14. MOTHER'S MAIDEN NAME: Elizabeth Grunewald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) 1942-1955
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mary M. Arundell, 8801 Plymouth Street, Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
193 X
IMMEDIATE CAUSE (A) Central Respiratory Failure
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Intracranial Hemorrhage DUE TO
(C) Neoplasm - Astrocytoma, third ventricle, brain

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec, 1955, to 3 Dec, 1955, that I last saw the deceased alive on 3 Dec, 1955, and that death occurred at 15:13 PM, from the causes and on the date stated above.

SIGNATURE R. G. Fosburg Ltjg — ADDRESS — DATE SIGNED

R. G. FOSBURG, LTJG MC USNR, U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7 Dec 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 4 Dec 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR — ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Ave., Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12065

CERTIFICATE OF DEATH

12104

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10430 Inwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mtg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10430-Inwood Ave

3. NAME OF DECEASED: (First) Harry (Bagdasarian) (Last) Bagdasian — **4. DATE OF DEATH:** (Month) Dec. (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	April 15, 1887	68 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Retail Merchant	Armenia	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no		Michael Bagdasian 10224 Colesville Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis & infarction — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerotic heart disease. —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1. Dec., 1954, to 7. Dec., 1955, that I last saw the deceased alive on 7 Dec., 1955, and that death occurred at 11:02 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Ernest E. Harmon M.D. — 9301 Colesville Rd. Sil. Spr. Md. — 7 Dec/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/9/55	Cedar Hill Cemetery	Prince Georges County, Md.

DATE REC'D BY LOCAL REGISTRAR 12-7-55 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR The S. H. Hines Co. — ADDRESS 2901 14th St. N. W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12066

CERTIFICATE OF DEATH

12071

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md.
LENGTH OF STAY (in this place) 3 1/4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Md.
STREET ADDRESS (If rural give location) 822 Richmond ave

3. NAME OF DECEASED: (Type or Print) (First) Ezekial (Middle) Watson (Last) Barber

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 31, 1894

9. AGE last birthday 61 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Pulaski County, Ga.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Greene Barber

14. MOTHER'S MAIDEN NAME: Martha Singletaire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 401-09-3865

17. INFORMANT & ADDRESS: Basil L. Barber Cochran, Georgia

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	5 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertension	5 yrs. +
	DUE TO (C) Arteriosclerosis & Nephrosclerosis	5 yrs. +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Dec, 1955, that I last saw the deceased alive on Dec. 26, 1955, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE Manning K. Allen M.D. ADDRESS 915 Silver Spring Ave., S.S. Md. DATE SIGNED 12-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 12/28/55

NAME OF CEMETERY OR CREMATORY Westview Cemetery

LOCATION (City, town, or county) (State) Fulton County, Georgia

DATE REC'D BY LOCAL REGISTRAR Dec 26 1955

REGISTRAR'S SIGNATURE J. Milton Waddell

24. FUNERAL DIRECTOR Warren E. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12067

12072 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md
LENGTH OF STAY (in this place) 15 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 11908 Indigo Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Barnett

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 17 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12-16-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min. 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ronald Gene Barnett

14. MOTHER'S MAIDEN NAME: Caryl Mae Dauber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Fetal atelectasis; Prematurity

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1955, to 12/17, 1955, that I last saw the deceased alive on 12/16, 1955, and that death occurred at 2 30 A M, from the causes and on the date stated above.

SIGNATURE Dewitt Harding

ADDRESS M. D. 113 Carroll St NW, Wash DC

DATE SIGNED 12/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 12-20-55

NAME OF CEMETERY OR CREMATORY Washington San. & Hosp.

LOCATION (City, town, or county) (State) Takoma Park, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 21 1955

REGISTRAR'S SIGNATURE J. Wilson Leech

24. FUNERAL DIRECTOR Robert A. Hare, M.D.

ADDRESS As above

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Signed: M. Hall Medical Record Librarian

Permission received from both parents for disposal of body.

Written 12-21-55

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12068

12105

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; STREET ADDRESS (If rural give location) 7804 Fairfax Road

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) MAY (Last) Beadle

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: May 4, 1885 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months 7 Days 22 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Iowa | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Millsted

14. MOTHER'S MAIDEN NAME: Rachel McConnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Yes-Unknown | 17. INFORMANT & ADDRESS: Mrs. David H. Manley - Bethesda, Md. 7804 Fairfax Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: anoxia, edema of lungs — 2½ hrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: stenosis of larynx & trachea — 6 mo

(C) inflammatory, scar about tracheotomy

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: chronic cardiac disease — 3 yrs

19A. DATE OF OPERATION: 12-26-55 | 19B. MAJOR FINDINGS OF OPERATION: thoracic trachea, tracheotomy | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-[illegible]-, 195[illegible], to 12-26-, 1955, that I last saw the deceased alive on 12-26-, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE (John O Lorimer M.D.) M.D. | ADDRESS 1930 Georgia Ave | DATE SIGNED 12-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-transit | DATE THEREOF: 12-27-55 | NAME OF CEMETERY OR CREMATORY: Clearfield | LOCATION (City, town, or county) (State): Diagonal, Iowa

DATE REC'D BY LOCAL REGISTRAR: 12-27-55 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Robert H. Gingery | ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12106

12069

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 125 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) Pinecrest Rest Home, River Road

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) C. (Last) BENTLEY

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 14 1869
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Treasury Dept.
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William G. Bentley
14. MOTHER'S MAIDEN NAME: Nannie Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no.
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) none.
17. INFORMANT & ADDRESS: Mr. Harry A. Orrick (nephew) 7601 Club Rd., Buxton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (B) DUE TO (B) Arteriosclerosis — 20 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1952, to 3 Dec, 1955, that I last saw the deceased alive on 2 Dec, 1955., and that death occurred at 2:00 A.M. from the causes and on the date stated above.

SIGNATURE W. B. Mungley M.D. ADDRESS Rockville Md DATE SIGNED 3 Dec 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec. 6, 1955
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/6/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
FUNERAL DIRECTOR: Robert A. Humphreys
ADDRESS: Bethesda, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12073

12070

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANATARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY MONTGOMERY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON

STREET ADDRESS (If rural give location) 3115 Mc COMAS AVE

3. NAME OF DECEASED (Type or Print) (First) ELSIE (Middle) - (Last) BERMAN

4. DATE OF DEATH (Month) DEC. (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Widow	11-8-1894	61 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STENOGRAPHER	U S GOVT.	NEW YORK	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ADOLPH WEISS	ZALI GANSEFRIED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	051-28-2808	FLORENCE BLAU - 3115 Mc COMAS AVE KENS MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — YEARS

DUE TO (C) Hypertension — 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5/55, 19..... to 12/11, 19..55, that I last saw the deceased alive on 12/10, 19..55, and that death occurred at 3:55 P.M. from the causes and on the date stated above.

SIGNATURE Charles Mc Lachen M.D. ADDRESS (Street, city, town, state) 12600 Parkland Dr. Rockville Md DATE SIGNED 12/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/11/55	FOREST BURIAL	NEW YORK, N.Y.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Dec 14th 1955	[illegible]	Gawler Funeral Home	4317 9th St NW Wash DC

12107

12071
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#2, Columbia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) R.F.D.#2, Columbia Road

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) LUTHER (Last) BERRY

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/11/96

9. AGE Last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edge Hill, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Berry

14. MOTHER'S MAIDEN NAME: Dora T. Rollins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Henry L. Berry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) DUE TO	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irvin G. Brashears M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment

DATE THEREOF 12/12/55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. Dec. 13 55

REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Warner E. Pumphrey **ADDRESS** 8434 Ga. Ave. Silver Spring, Maryland

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12072

12074

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
MARYLAND LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7500 Wash. Sanitarium & Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia
STREET ADDRESS (If rural give location) 1112 Savannah St. S.E.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Jane) (Last) Blacher

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Caucasian | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 7-1-90 | 9. AGE last birthday: 65 yrs | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retail Shoe Merchant | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Blacher.

14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16

IMMEDIATE CAUSE (A) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 5 mos.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION. None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1946, to December 5, 1955, that I last saw the deceased alive on December 5, 1955, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE Stanley W. Kusterer M.D. | ADDRESS 1835 Eye St. NW. | DATE SIGNED December 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec. 7, 1955 | NAME OF CEMETERY OR CREMATORY Mikro Kodesh Cemetery | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 6 1955 | REGISTRAR'S SIGNATURE J. Milton Reid

24. FUNERAL DIRECTOR B. Danzansky & Son | ADDRESS 3501-14th St. N.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12073

12108 # CERTIFICATE OF DEATH Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 8700 Lowell Street

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Wesley (Last) BLACK

4. DATE OF DEATH (Month) (Day) (Year) December 28 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated

8. DATE OF BIRTH: 1-24-63

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel H. BLACK

14. MOTHER'S MAIDEN NAME: Mary BOSLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Daughter Mrs. Helen B. DUNKELBERGER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: chronic

ANTECEDENT CAUSE (S) DUE TO (B) Peritonitis from rupture of diverticulum colon — 18 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) arterio sclerotic cardio-vasc disease — 20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12-22-55

19B. MAJOR FINDINGS OF OPERATION: perforated sigmoid diverticulum

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Dec, 1955, to 28 Dec, 1955, that I last saw the deceased alive on 28 Dec, 1955, and that death occurred at 9:10A M, from the causes and on the date stated above.

SIGNATURE M B Sullivan Jr. ADDRESS DATE SIGNED

M. B. SULLIVAN JR LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2 Jan 1955
NAME OF CEMETERY OR CREMATORY: Goodhope Cemetery
LOCATION (City, town, or county) (State): Macomb, Illionois

DATE REC'D BY LOCAL REGISTRAR: 28 Dec 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12564

12075

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4806 Edmonston Ave.

3. NAME OF DECEASED: (Type or Print) (First) Annabelle (Middle) - (Last) Brattain

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-24-84

9. AGE last birthday 71 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse Aid

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Harris

14 MOTHER'S MAIDEN NAME: Zella Crowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1955, to Dec 31, 1955, that I last saw the deceased alive on Dec 31, 1955, and that death occurred at 11:55 A M, from the causes and on the date stated above.

SIGNATURE James M. Whitlock ADDRESS M.D. Takoma Park, 12 Md DATE SIGNED 12-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan 4, 1956

NAME OF CEMETERY OR CREMATORY National Memorial Park

LOCATION (City, town, or county) (State) Falls Church, Va

DATE REC'D BY LOCAL REGISTRAR Jan 4 1956

(REGISTRAR'S SIGNATURE) Mira Dodd

24. FUNERAL DIRECTOR Fascia Bros ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12074

12109 CERTIFICATE OF DEATH Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS LeDeau Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 12,611 Gould Road

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) J. (Last) Breece

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 24, 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Lawrenceville, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abner Johnston

14. MOTHER'S MAIDEN NAME: Frances Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 549-12-1040

17. INFORMANT & ADDRESS. Mrs. Edwin L. Rogers, 12,611 Gould Rd. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis (C.V.A) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio - sclerotic cardio-vascular disease Over 3 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec 13, 1955, that I last saw the deceased alive on Dec. 13th, 1955, and that death occurred at 6.07 P. M, from the causes and on the date stated above.

SIGNATURE Samuel Dove M. D. ADDRESS 1801 Eye St NW. - Wash, D.C. DATE SIGNED 12/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/15/55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 15/55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12075

12110

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural give location) D-3 Van Buren

3. NAME OF DECEASED: (Type or Print) (First) Jeffrey (Middle) Walter (Last) BRIGGS

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12-4-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 18 Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James H. BRIGGS

14. MOTHER'S MAIDEN NAME: Barbara CORDES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Father James H. BRIGGS Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7700 IMMEDIATE CAUSE (A) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) ANEMIA — 20 hrs

DUE TO (C) ERYTHROBLASTOSIS FETALIS — 20 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Dec, 1955, to 5 Dec., 1955, that I last saw the deceased alive on 5 Dec, 1955, and that death occurred at 1:55 AM, from the causes and on the date stated above.

SIGNATURE G. J. A. Magnant — ADDRESS — DATE SIGNED

G. J. A. MAGNANT/LTJG, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1 Jan 1956 — NAME OF CEMETERY OR CREMATORY Golden Gate National Cemetery — LOCATION (City, town, or county) San Francisco, (State) Calif.

DATE REC'D BY LOCAL REGISTRAR 5 Dec 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12076

12111 CERTIFICATE OF DEATH Reg. Dist. No. 2.17

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norbeck
MARYLAND LENGTH OF STAY (in this place) 32 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bradford Rest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmount Heights,
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) (Last) Brown

4. DATE OF DEATH. (Month) 12 (Day) 19 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 4-15-1912
9. AGE last birthday 43 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Seneca S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Brown.
14. MOTHER'S MAIDEN NAME: Anna Statum.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-03-3427
17. INFORMANT & ADDRESS: Same.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of oesophagus — INTERVAL BETWEEN ONSET AND DEATH: 5 wks.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: N/A
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1955, to Dec, 1955, that I last saw the deceased alive on 12/11, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Forest Spring Md DATE SIGNED 12/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Shipped
DATE THEREOF 12-23-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Seneca S.C.

DATE REC'D BY LOCAL REGISTRAR 12-23-55
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12112 CERTIFICATE OF DEATH

12077 Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Samuel (Last) Brown

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 13 1870

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Clarice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Carrie Brown - Germantown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 490 X DUE TO Lobar pneumonia — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Upper respiratory infection — 1 month
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 1 month

19a. DATE OF OPERATION: D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.1.[illegible], 1955, to Dec 3, 1955, that I last saw the deceased alive on Dec 3, 1955, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE John Fawcett (Degree or title) MD ADDRESS P. O. Boyds Md DATE SIGNED Dec 10, 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-7-55

NAME OF CEMETERY OR CREMATORY St. Rose

LOCATION (City, town or county) (State) Gaithersburg Md

DATE REC'D BY LOCAL REGISTRAR Dec 7 1955

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12078

CERTIFICATE OF DEATH

12076

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-5
STREET ADDRESS (If rural give location) 627 Highland Ave. NW

3. NAME OF DECEASED: (Type or Print) (First) NABLE (Middle) Gertrude (Last) BROWN

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1955

5. SEX: F
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 7-12-1874
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Evans
14. MOTHER'S MAIDEN NAME: Sarah Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Heart Disease DUE TO — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Congestive failure DUE TO — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1963, to 12/6/, 1955, that I last saw the deceased alive on 12/5/, 1955, and that death occurred at 8:26A M, from the causes and on the date stated above.

SIGNATURE Chas H Nicholson M.D. ADDRESS 500 Underwood St NW DATE SIGNED 12/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec 8-1955
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) Washington (State) D C

DATE REC'D BY LOCAL REGISTRAR Dec 8 1955
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS 2901 14th St NW DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12079

Items 1,2 filmed 10-29-55 et

12113 * CERTIFICATE OF DEATH Reg. Dist. No. 214

1 PLACE OF DEATH: #810 Georgia Ave.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lawn Sanatarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) DEC. (Day) 20 (Year) 1955

5. SEX: M F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Sept 7, 1880 | 9. AGE last birthday 75 years. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: Ord. Dept. | 11. BIRTHPLACE (State or foreign country): York Co. Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George F. Brown | 14. MOTHER'S MAIDEN NAME: Ruth A. Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERTENSIVE HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) GENERALIZED ARTERIOSCLEROSIS
DUE TO (C) ESSENTIAL HYPERTENSION

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 24, 1954, to DEC. 20, 1955, that I last saw the deceased alive on DEC. 20, 1955, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 520 G Norway Pl. Chevy Chase Md. DATE SIGNED 12-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) [redacted] | DATE THEREOF 12/22/55 | NAME OF CEMETERY OR CREMATORY Erie Cemetery | LOCATION (City, town, or county) (State) Erie, Penna.

DATE REC'D BY LOCAL REGISTRAR Dec 20/55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Ralph Rummel Jr. | ADDRESS #97 Ellicott City Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12086

12114 CERTIFICATE OF DEATH

Reg. Dist. No. 2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Tie correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1604 Carey Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1604 Carey Lane

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Emma (Last) Bundrock

4. DATE OF DEATH. (Month) Dec. (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12/16/85

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Buffalo, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Scheu

14. MOTHER'S MAIDEN NAME: Alzina Riebling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Frank E. Bundrock, 1604 Carey Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH 14 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 55, to Dec 22, 19 55 that I last saw the deceased alive on 12/22, 19 55, and that death occurred at 11 P. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 7565 16th NW Washington 12 DATE SIGNED 12/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 12/26/55

NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery

LOCATION (City, town, or county) (State) Buffalo, Erie County, N.Y.

DATE REC'D BY LOCAL REGISTRAR Dec 23, 55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12081

12115 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Southlawn Lane

3. NAME OF DECEASED: (Type or Print) (First) H. (Middle) William (Last) Burdette

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 10-28-59 | 9. AGE last birthday: 96 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Maryland - (Monty) | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Greenbury Burdette

14. MOTHER'S MAIDEN NAME: ? Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Leona C. Case - daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1a IMMEDIATE CAUSE (A) Myocardial failure — 30 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary insufficiency — 48 hrs

DUE TO (C) arteriosclerosis. — Indef.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/, 1955, to 12/29/, 1955, that I last saw the deceased alive on 12/29/, 1955, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M.D. M. D. ADDRESS Rockville Md DATE SIGNED 12/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-31-55 | NAME OF CEMETERY OR CREMATORY Mountain View | LOCATION (City, town, or county) Purdum, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12-31-55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert L. Pumphrey | ADDRESS Bethesda, Md.

12116

12082
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dawsonville (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) Elizabeth (Last) Byrd

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1955

5. SEX F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 30 1872

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B Byrd

14. MOTHER'S MAIDEN NAME: Sallie T Veirs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jos Byrd - Dawsonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-30-55 | NAME OF CEMETERY OR CREMATORY Monocacy Cemetery | LOCATION (City, town, or county) Frederick Md. (State)

DATE REC'D BY LOCAL REG. 12/30/55 | REGISTRAR'S SIGNATURE Lamell H. Hagthorp

24. FUNERAL DIRECTOR Wm. B. Hitter, Baltimore, Md. ADDRESS

VS. A15A - 5 - 53

12117

12083 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg-Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clarksburg-Rural X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Francis (Last) Cashell

4. DATE OF DEATH (Month) 12 (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-14-67

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 11 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Farmer-Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. Cashell

14. MOTHER'S MAIDEN NAME: Sarah Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Mary Claggett-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 916.0 1st 2nd & 3rd degree burns

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Traumatic Shock & Exhaustion

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Clarksburg (County) monty (State) md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 - 1 - 55 - 10:15 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Clothes caught fire from stove

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Burchart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-

DATE THEREOF 12-3-55

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. Dec 6/5-5-

REGISTRAR'S SIGNATURE Della W. Burdette

24. FUNERAL DIRECTOR Robert H. Pumphrey ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

12118

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12084

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) 4 days 21 3/4 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Mont.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg

STREET ADDRESS (If rural, give location) Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) William Frances (Middle) (Last) Chase

4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Single	1-24-10	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		Germantown, Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William A. Chase	Sarah Olivia Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mother - Sarah Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Shock DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) 1st - 2nd & 3rd degree burns involving DUE TO	5 days
	(c) Head, Neck, Chest, Back & upper extremities	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Farm	Gaithersburg	Monty.	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
12-17-55 - 1:32 P M.		Fell in hog scalding tub

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D. — DATE SIGNED 12-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-26-55	Rocky Hill	Clarksburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-55	Bessie M. Thompson	Robert L. Saunders	Rockville Md

VS. A15A - 5 - 53

12119

12085

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest (town): Bethesda

LENGTH OF STAY (in this place): 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5807 Ufingate Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Chevy Chase

STREET ADDRESS (If rural, give location): 4414 Ridge St

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marshall	Kizer	Chesley	December 29 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	7-21-1904	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sheet Metal Worker	Self-employed	Wisconsin	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Arthur D. Chesley	Anna Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	Yes-unknown	Paul H. Chesley Brother-10115 Pierce Dr. Silver Sp. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Asphyxia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Carbon-monoxide gas poisoning

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bosschart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-30-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-3-1956	Arlington Nat. Cem.	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-31-55	Bessie M. Thompson	Robert L. Humphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND 12120 12086

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — Cedar Croft Gen'l Hosp. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 3mo 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D. C. — 47
STREET ADDRESS (If rural, give location) 1600-38th St. S.E. D.C.

3. NAME OF DECEASED (Type or Print): (First) MRS. MYRTLE (Middle) A (Last) CHURCHILL
4. DATE OF DEATH: (Month) DEC. (Day) 29 (Year) 1955

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: May 27-1890
9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days. — If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress and Clerk later
10b. KIND OF BUSINESS OR INDUSTRY: Seamstress & clerk
11. BIRTHPLACE (State or foreign country): Marney, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Ethan Churchill-as above — Sister-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345X

Immediate cause (a) myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: indefinite at least 11 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1955, to 12-29, 1955, that I last saw the deceased alive on 12-29, 1955, and that death occurred at 4.16 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alvin J. Kistler M.D. ADDRESS Silver Spring Colesville Pike DATE SIGNED 12-29-55

23. BURIAL, CREMATION / REMOVAL (Specify): DATE 12/31/55
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Prince Geo Co. Md

DATE REC'D BY LOCAL REG. 12-29-55
REGISTRAR'S SIGNATURE: Frances Foster

24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12087

12099 **CERTIFICATE OF DEATH** Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Rockville
LENGTH OF STAY (in this place) 1 Yr 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4708 Oxbow Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 4708 Oxbow Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Agnes (Last) Clark

4. DATE OF DEATH: (Month) Dec. (Day) 21, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Dec. 20, 1886 | 9. AGE last birthday: 69 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Michael Wright
14. MOTHER'S MAIDEN NAME: Luvenia Beltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S NAME & ADDRESS: Edward Francis Clark Husband— 4708 Oxbow Rd, Rockville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (B) DUE TO Coronary thrombosis — 48 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis - diabetes & C O A — Indef.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured vertebra

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/ 5/, 1955, to 12/ 21/, 1955, that I last saw the deceased alive on 12/ 21/, 1955, and that death occurred at 9:05 AM, from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M. D. ADDRESS Rockville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-23-55 | NAME OF CEMETERY OR CREMATORY Washington National Cem. | LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12/21/55 | REGISTRAR'S SIGNATURE Laurel H. Bagley | 24. FUNERAL DIRECTOR Robert A. Humphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

12088

12121 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item all information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND LENGTH OF STAY (In this place) 2 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 13000 block Tullymead Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) Cherry Hill & Powder Mill Roads

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) Eugene (Last) Colvin

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-3-12

9. AGE Last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Leo Colvin

14. MOTHER'S MAIDEN NAME: Allie Marie McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-01-0189

17. INFORMANT AND ADDRESS: Mrs. Jennie G. Colvin, Cherry Hill & Powder Mill Rds., Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage & laceration due to — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of skull

(c) Fracture of cervical vertebrae

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Victim pt forman - was laceration left ellbow upon

19a. DATE OF OPERATION: D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-20-55 - 8:15 A m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Struck by bulldozer shovel

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broccoli (Degree or title) M.D. ADDRESS: Hagerstown Md DATE SIGNED: 12-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/24/55; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Washington County Md.

DATE REC'D BY LOCAL REG.: 12-22-55; REGISTRAR'S SIGNATURE: Francis Potter

24. FUNERAL DIRECTOR: Warner & Humphrey; ADDRESS: 8434 Ga. Ave. ~~Silver Spring, Md.~~

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12122 **CERTIFICATE OF DEATH** 12089

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 11day 2hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN German Town
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) William (Last) CORNWell
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-19-81
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months 3 Days 8 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George M. Cornwell
14. MOTHER'S MAIDEN NAME: Sara Kidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No or — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. Yes. Unknown
17. INFORMANT & ADDRESS Caroline Slaughter, daughter 44 W. Diamond Ave Gaithersburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

221X IMMEDIATE CAUSE (A) Pneumonia, Bronchial — 1 day
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis, Generalized — 10 years
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1955, to Dec. 27, 1955, that I last saw the deceased alive on Dec. 26, 1955, and that death occurred at 2:20 A M, from the causes and on the date stated above.
SIGNATURE Clarence S. Martin M.D. ADDRESS Gaithersburg Md. DATE SIGNED Dec. 27 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-29-55
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville Montg. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-27-55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Lumphrey ADDRESS Bethesda, Md.

12090

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12123

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 112 No. Van Buren St.

3. NAME OF DECEASED (Type or Print): (First) Unk. (Middle) Baby (Last) Cromwell

4. DATE OF DEATH: (Month) December (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 24. 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min. 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Cromwell

14. MOTHER'S MAIDEN NAME: Jane Leach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Prematurity	2 hrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Atelectasis DUE TO	2 hrs
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1955, to 12/24, 1955, that I last saw the deceased alive on 12/24, 1955, and that death occurred at 5:15 AM, from the causes and on the date stated above.

SIGNATURE W. G. Wall M.D. ADDRESS Rockville, Md. DATE SIGNED 12/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 12/26/55 | NAME OF CEMETERY OR CREMATORY Rockville Union | LOCATION (City, town, or county) Rockville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-27-55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | FUNERAL DIRECTOR Robert R. Dunphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12091

12124 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 5 mo 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5 West 2ND Avenue

3. NAME OF DECEASED: (First) Vincent (Middle) Charles (Last) D'ALFONZO
4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 9-23-25
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Charles D'ALFONZO
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII & Korea
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Sister Mrs. Florence Bracato Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Central Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSE (B) DUE TO: (B) metastatic carcinoma to brain — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO: (C) Bronchogenic carcinoma left lung

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Septomeningitis

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jul, 1955, to 12 Dec., 1955, that I last saw the deceased alive on 12 Dec 1955, and that death occurred at 12 Midnight. From the causes and on the date stated above.

SIGNATURE R. G. Fosburg — ADDRESS — DATE SIGNED

R. G. FOSBURG LTJG, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): 16 Dec 1955 Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 13 Dec 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12092

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12125 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 7 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase; STREET ADDRESS (If rural give location) 4313 Stanford St.

3. NAME OF DECEASED: (First) (Middle) (Last) SARA JEANETTE DAVENPORT

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 5 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Feb. 2, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Govt.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hugh H. Davenport

14. MOTHER'S MAIDEN NAME: Cora Gans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Bertha M. Carroll 4315 Stanford St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Myocardial Infarct, acute	6 hrs.
ANTECEDENT CAUSE (B)	DUE TO (B) Arteriosclerotic Heart Disease	1 yr.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (C) Pulmonary Emphysema	10 yrs. (?)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 6

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1955 to Dec. 5, 1955, that I last saw the deceased alive on Dec. 5, 1955, and that death occurred at 9:40 P. M, from the causes and on the date stated above.

SIGNATURE M. D. Leo M. Curtis ADDRESS 8218 Wisconsin Ave DATE SIGNED Dec. 6, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-transit

DATE THEREOF: 12/8/1955

NAME OF CEMETERY OR CREMATORY: New Geneva

LOCATION (City, town, or county) (State): New Geneva, Penna.

DATE REC'D BY LOCAL REGISTRAR: 12-7-55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12093

12126 CERTIFICATE OF DEATH

Reg. Dist. No. 216.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1hr +2min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 7809 Woodmont Ave.

3. NAME OF DECEASED: (First) Baby Boy (Middle) (Last) De Haut
4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	--	12-24-55				1	2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
infant	--	Maryland	USA

13. FATHER'S NAME: George De Haut
14. MOTHER'S MAIDEN NAME: Thersa Marcilak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/ no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	NONE	Father 7809 Woodmont Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Thrombocytopenia

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24/55 to 12/24/55, that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 5:15 P M, from the causes and on the date stated above.

SIGNATURE R. D. Gaylor M. D. ADDRESS Bethesda, Md. DATE SIGNED 12/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-30-55	Arlington Nat. Cem.	Arlington Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-27-55	Burnie M. Thompson	Suburban Funeral Home	Bethesda, Md.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12094

12127 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural; LENGTH OF STAY (In this place) 4mo 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lancaster; STREET ADDRESS (If rural give location) 702 Pierce Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Bertrand (Last) DITTOE Jr.

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-13-29

9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corps

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John DITTOE

14. MOTHER'S MAIDEN NAME: Elizabeth DITTOE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II & Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Offical Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6-8 Mo.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Bronchogenic Carcinoma — Abt. 18 Mo.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug ..., 1955, to 19 Dec, 19 55 that I last saw the deceased alive on 19 Dec, 19 55, and that death occurred at 9:41P M, from the causes and on the date stated above.

SIGNATURE R. B. WRIGHT LT MC USNR M.D. ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 23 Dec 1955; NAME OF CEMETERY OR CREMATORY Lancaster Cemetery; LOCATION (City, town, or county) (State) Lancaster, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 20 Dec 1955; REGISTRAR'S SIGNATURE Mary E. Passelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

12128

12565

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg co. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 117 Piping Rock Road

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Marion (Last) Dobbins

4. DATE OF DEATH (Month) (Day) (Year) 12-30 1955

5. SEX: Fe

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 23, 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Comanche ~~County~~, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lassetter

14. MOTHER'S MAIDEN NAME: unknown Myra T. Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes

17. INFORMANT & ADDRESS: Mr. Billy D. Dobbins, 117 Piping Rock Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH ½ hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town, (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM ☐

DATE SIGNED 12-30-55

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial

DATE THEREOF 1/4/56

NAME OF CEMETERY OR CREMATORY Laurel Land Mem. Park Cemetery

LOCATION (City, town, or County) (State) Dallas, Dallas County, Texas

DATE REC'D BY LOCAL REG. 12-30-55

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12095

12129 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 9512 Singleton Drive

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) LYNN (Last) DODGE

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4-12-70
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 7 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Dodge
14. MOTHER'S MAIDEN NAME: Alice Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: James R. Dodge- 3815 Kanawaha St., N.W Washington, D.C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) auricular fibrillation & cong. heart failure	48hrs.
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) acute coronary occlusion	14days.
DUE TO	(C) diabetes mellitus.	4years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	none	

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1955, to Dec 6, 1955, that I last saw the deceased alive on 6 Dec, 1955, and that death occurred at 1:45 A.M. P.M. From the information I have I believe the cause of death to be as stated above.

SIGNATURE John M. Wynn M. D.
ADDRESS 7659 Old Georgetown Road BETHESDA, MARYLAND
DATE SIGNED 7 Dec 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12-9-55
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/8/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert Pumphrey
ADDRESS: Bethesda, Md.

12130

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12096

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6000 New Hamshire Ave N.E.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) R (Last) Dorothve

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Fe	W	Widow	2-22-70	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	U. S.

13. FATHER'S NAME: Andrew Cheshire

14. MOTHER'S MAIDEN NAME: Mary Virginia Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
			Mrs. Lowe, R.N. 6000 New Hampshire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Shock	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hemorrhage anterior Abdominal wall	13 hrs
	DUE TO (c)	Fracture superior ramus of left pubis bone	13 hrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture left femur, Arteriosclerotic H.D

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	home	Washington		DC

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12-28-55 9 A M.	/	Fell on floor in room

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Brantnet M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 12-29-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/31/55	Bethel Cemetery	Alexandria, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-31-55	Bessie M Thompson	L. H. Hines & Co.	2961-14 st. N.W.

L. H. Hines & Co.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12097

12131 # CERTIFICATE OF DEATH Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4027 Oliver Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4027 Oliver Street

3. NAME OF DECEASED (Type or Print): (First) DOROTHY (Middle) FRANCES (Last) DOWD

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 3 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Lanigan

14. MOTHER'S MAIDEN NAME: Margaret Jacques

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Charles F. Dowd 4027 Oliver Street, Ch.Ch.Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Respiratory Failure	20 min
ANTECEDENT CAUSE (S)	DUE TO (B) Coronary Occlusion	10 hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Angina Pectoris	6 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Malignant Hypertension	6 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 48 to 12/5, 1955 that I last saw the deceased alive on 12/5, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Frank J. Joyce Jr M D. ADDRESS 5707 Western Ave. Chevy Chase, Md. DATE SIGNED 12/6/55

23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-9-55

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 12-8-55

REGISTRAR'S SIGNATURE Bessie M. Hamilton

24. FUNERAL DIRECTOR Robert A. Jumphrey ADDRESS Bethesda, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12098

12132

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington

LENGTH OF STAY (in this place) 3 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3011 Fayette Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE New York COUNTY Oneida

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sherrill

STREET ADDRESS (If rural give location) 318 Wilson St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daisy	Marie	Denham	Dec.	15	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	May 24 1888	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New York	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Archer	Alice Parish Stiff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs. Robert J. Wood, 3011 Fayette [illegible]

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pulmonary embolism	5 min.
ANTECEDENT CAUSE(S) DUE TO	(B) coronary heart disease	5 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) diabetes mellitus	? yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
/ /		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19..55, to Dec. 15, 19..55, that I last saw the deceased alive on Dec. 15, 19..55, and that death occurred at 3:12 P.M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) 7459 Georgetown Rd. Bethesda, Md. **DATE SIGNED** 15 Dec. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	12-19-55	Woodlawn Memorial	Sherrill N.Y.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
12-19-55	[signature]	[signature]	310 Wilson St., Nat. Wilson D.C.

12033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12133 CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Damascus
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Beall Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Damascus
STREET ADDRESS (If rural give location): Beall Ave.

3. NAME OF DECEASED. (Type or Print): (First) Clara (Middle) S. (Last) Earl

4. DATE OF DEATH. (Month) Dec. (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service Comm. Employee

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dudley W. Stewart

14. MOTHER'S MAIDEN NAME: Eleanor Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. George R. Earl, Damascus, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Acute Left Ventricular Failure	1½ hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chronic Coronary Insufficiency	years
	DUE TO (C) Coronary Arteriosclerosis, Hypertensive Heart Disease	years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized arteriosclerosis, Emphysema, Bronchial Asthma, Bell's palsy, Rheumatoid Arthritis

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1955, to 12/13, 1955 that I last saw the deceased alive on 12/13/, 1955, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE: Olin F. Molesworth M.D. ADDRESS: Damascus, Maryland DATE SIGNED: 12/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: Dec. 17, 1955 NAME OF CEMETERY OR CREMATORY: Elmwood LOCATION (City, town, or county) (State): Waterloo, Iowa.

DATE REC'D BY LOCAL REGISTRAR: Dec 14 1955 REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12100

12077 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 Tulip Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 512 Tulip Avenue

3. NAME OF DECEASED: (Type or Print) First: EMMA (Middle) L. (Last) ECKSTEIN

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 21, 1870

9. AGE Last birthday. IF UNDER 1 YR. Month Days IF UNDER 24 HRS. Hours Min
85 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: CAPITOL TRANSIT Co

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Eckstein

14. MOTHER'S MAIDEN NAME: Mrs ANNIE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs DONALD M. SMITH, 512 TULIP AVE., TAKOMA PARK, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arterio-sclerosis

(c)

Interval Between Onset And Death: 1 wk.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured neck of femur 8 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Takoma Park (COUNTY) Montgomery (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1954, to Dec. 12, 1955, that I last saw the deceased alive on Dec. 10, 1955, and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Little M.D. ADDRESS 6911 5th St. NW Wash. DC DATE SIGNED Dec. 12, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 14, 1955. NAME OF CEMETERY OR CREMATORY Congressional Cemetery LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR Dec 14 1955 REGISTRAR'S SIGNATURE J. William Reed

24. FUNERAL DIRECTOR J. Arthur Gallagher ADDRESS 254 Carroll St. NW Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

12134

12101
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10113 Dickens Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 10113 Dickens Avenue

3. NAME OF DECEASED: (First) Steven (Middle) Craig (Last) EMERY

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 10, 1955

9. AGE last birthday: none yrs. — IF UNDER 1 YEAR: Months 0, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William M. Emery

14. MOTHER'S MAIDEN NAME: Edith Prichard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: William M. Emery-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia due to Vomitus — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diffuse Respiratory Infection — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank D. Brockett M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 12-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/28/1955

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 12-27-55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Roberts A. Pumphrey

ADDRESS: Bethesda, Md.

20V53144

12102

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12078

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7414 Jackson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7414 Jackson Ave

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) Alberta (Last) Engeberg

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-25-01

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Stall

14. MOTHER'S MAIDEN NAME: Susie Ellefson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
153X IMMEDIATE CAUSE	(A) Inanition	Terminal
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Metastasis of Carcinoma	8 mos
DUE TO	(C) Carcinoma of the Colon.	One year+
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 4-11-55 /

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of ascending colon

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27- , 19 55, to Dec 4, 19 55, that I last saw the deceased alive on 12-4 , 19 55, and that death occurred at 1:33 P. M, from the causes and on the date stated above.

SIGNATURE Robert A Hare ADDRESS M. D. Takoma Park Md. DATE SIGNED 12/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 7. 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR DEC 7 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR A. Arthur Walters ADDRESS 254 Carroll St NW. DC

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12103

12135 # CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring

LENGTH OF STAY (In this place): 3 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10210 Haywood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring

STREET ADDRESS (If rural give location): 10210 Haywood Drive

3. NAME OF DECEASED (Type or Print): Catherine (First) A. (Middle) Fallon (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widowed	Sept. 29, 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New York	U.S.A.

13. FATHER'S NAME: Patrick T. Berry

14. MOTHER'S MAIDEN NAME: Maria Flanagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A): Carcinoma of Colon — 8-12 Mo.

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to 22 Dec, 1955, that I last saw the deceased alive on 22 Dec, 1955, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE: William D. Auf M.D. — ADDRESS (Street, city, town, state): 900 Gilbert St Silver Spring Md — DATE SIGNED: 22 Dec 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/27/55	Mt. Olivet Cemetery	Washington D. C.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Dec 27 55	[illegible]	Francis J. Collins	3821 14th. St.N.W. Wash. D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12114

12136

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 126 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 16 Seaton Place, N. E.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Marie (Last) Fisher

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 28, 1917

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Marie Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not available

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171X

IMMEDIATE CAUSE (A)

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Carcinoma of Cervix (epidermoid)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11/20/55 & 12/2/55

19B. MAJOR FINDINGS OF OPERATION: Stage III Carcinoma of cervix

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1955, to Dec. 7, 1955 that I last saw the deceased alive on Dec. 7, 1955., and that death occurred at 2:25 A M, from the causes and on the date stated above.

SIGNATURE Linda E. Yost, M.D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 12/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/10/55 | NAME OF CEMETERY OR CREMATORY Lincoln Mem. Cemetery | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 12-8-55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR John Stewart | ADDRESS 30 H Street, N.E.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12079

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12105 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. D. C. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1825 Lamont St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T (Last) Galvin

4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-6-22

9. AGE last birthday: 33 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Galvin, Sr.

14. MOTHER'S MAIDEN NAME: Mary C. Foley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1942-45

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Vincent Galvin, 310 Main St. Winchester, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture of Skull, thoracic hemorrhage DUE TO — Interval between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ■ No □

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Silver Spring (County) Montg. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-2-55 2:00 A.M.

21e. INJURY While at work ☐ OCCURRED Not while at work ☒

21f. HOW DID INJURY OCCUR? Driver fell asleep left highway

22. I hereby certify that I took charge of the remains described above, held an Autopsy ■, Inspection □, Inquiry □, and find that death resulted from: Natural causes □, Accident ☒, Suicide □, Homicide □, Undetermined cause □.

SIGNATURE Fred J. Brosnahan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 12-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-2-55

NAME OF CEMETERY ~~OR CREMATORY~~ New Calvary Cemetery

LOCATION (City, town, or county) Boston, Mass. (State)

DATE REC'D BY LOCAL REG. DEC 2-1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR James T. Ryan, Inc.

ADDRESS 317 Penn Ave. S.E. Wash. 3, D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12137 12106

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5200 Chandler Street

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Munson (Last) Gay

4. DATE OF DEATH: (Month) Dec. (Day) 27, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec. 22, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 0 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Munson

14. MOTHER'S MAIDEN NAME: Julia Kimbal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not available

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Myocardial dysfunction	5 days
DUE TO		
ANTECEDENT CAUSE (B)	Polycythemia Vera	3 yrs.
DUE TO		
(C)	Diabetes mellitus	10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 24 19..55 to Dec. 27, 19 55 that I last saw the deceased alive on Dec. 27, ..., 1955, and that death occurred at 9:15P M, from the causes and on the date stated above.

SIGNATURE Emil Frei III M. D. ADDRESS DATE SIGNED 12-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-30-55

NAME OF CEMETERY OR CREMATORY: Ouleout Valley

LOCATION (City, town, or county) (State): Delaware Co., New York

DATE REC'D BY LOCAL REGISTRAR: 12-28-55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert Humphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12138 CERTIFICATE OF DEATH

12107

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 Indian Spring Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 311 Indian Spring Drive

3. NAME OF DECEASED: (Type or Print) (First) Isabelle (Middle) (Last) Gibbs

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct 8 74

9. AGE last birthday: 81 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Green Spring Valley W Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher Gibbs Wagoner

14. MOTHER'S MAIDEN NAME: Emily Serick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Glendora Eliason

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 180X (a) Cancer of right kidney DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases, retroperitoneal, in abdomen | 2 months

19a. DATE OF OPERATION: July 25 '55

19b. MAJOR FINDINGS OF OPERATION: Right kidney removed, found malignant.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955, to Dec 22, 1955, that I last saw the deceased alive on Dec 22, 1955, and that death occurred at 6:55 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) John N. Andrews M.D. | ADDRESS 9601 Colesville Rd Silver Spring Md | DATE SIGNED 12-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-24-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Prince Geo County Md

DATE REC'D BY LOCAL REGISTRAR 12-23-55 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The B Holmes Co | ADDRESS 2901 14th St N.W. Wash D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12080

12108

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland Parke
LENGTH OF STAY (in this place) 12 days 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Usual if not at Hospital or Institution, give residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lake [illegible]
STREET ADDRESS (If rural give location) 5013 Carroll Ave.

3. NAME OF DECEASED: (First) Martha (Middle) Delia (Last) Gibson
4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 5-10-72
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Washington Young
14. MOTHER'S MAIDEN NAME: Sarah Conklin

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital file

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Uremia — 2 days

DUE TO (C) Chronic Pyelonephritis — many years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1955, to Dec 13, 1955, that I last saw the deceased alive on Dec. 12, 1955, and that death occurred at 3:17 A.M., from the causes and on the date stated above.

SIGNATURE Edmund L. Burnett M.D. ADDRESS 7701 Carroll Ave. T.P. Md. DATE SIGNED 12-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec. 14, 1955
NAME OF CEMETERY OR CREMATORY: Lone Cemetery
LOCATION (City, town, or county) (State): Galt Michigan

DATE REC'D BY LOCAL REGISTRAR: Dec 13 1955
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Neal Funeral Home
ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12081 12109

CERTIFICATE OF DEATH

Reg. Dist. No. 2 2 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital -- Takoma Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ? 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural give location) 2526 Holman Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) (Gilmer) Gilmer

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Child

8. DATE OF BIRTH: 12 - 8 - 55

9. AGE last birthday ____ yrs. IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HRS. Hours 7½ Min. ____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Weir Gilmer

14. MOTHER'S MAIDEN NAME: Mildred Louise Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
IMMEDIATE CAUSE (A) atelectasis DUE TO

ANTECEDENT CAUSE (B) Prematurity DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8/55, 19 ..., to 12/9, 1955, that I last saw the deceased alive on 12/9/55, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE George B Pence M.D. ADDRESS 927 Pershing Drive Silver Spring DATE SIGNED 12/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 12-11-55 NAME OF CEMETERY OR CREMATORY Wash. San. & Hosp. LOCATION (City, town, or county) Takoma Park 12 (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-11-1955 REGISTRAR'S SIGNATURE Arthur Lodi

24. FUNERAL DIRECTOR Edmondson Bros. ADDRESS Takoma Park Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12110

12002 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: Washington Sanitarium & Hospital
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Oliver, British Columbia, Canada

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Peter (Last) Glanzer

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 3, 1914

9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter J. Glanzer

14. MOTHER'S MAIDEN NAME: Katie Kiehlbauch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Brother — Mr. Ben Glanzer; 7203 Hilton Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pulmonary Edema	indefinite
ANTECEDENT CAUSE (S)	DUE TO (B) Bronchitis	1 wk.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (C) Diabetic Coma	12 days ago
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	13 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19 ..., 1955, to 12-31 ..., 1955, that I last saw the deceased alive on 12-31, 1955, and that death occurred at 6:20 P M, from the causes and on the date stated above. 1-1-56

SIGNATURE Edmund L. Burnett M.D. ADDRESS 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried | DATE THEREOF Jan. 2-1956 | NAME OF CEMETERY OR CREMATORY Sec. Park Cemetery | LOCATION (City, town, or county) Rockville Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan 1-1956 | REGISTRAR'S SIGNATURE Arthur Dodd | 24. FUNERAL DIRECTOR Gardner Talbert | ADDRESS 254 Broadway Rockville Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12111

12139 # CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BETHESDA
LENGTH OF STAY (in this place) 81 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The CLINICAL CENTER NATIONAL INSTITUTES OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 823 GIST AVE.

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) C. (Last) GOLDSTEIN

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JUNE 27, 1898

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES CHUSMAN

14. MOTHER'S MAIDEN NAME: MOLLIE TOTWEEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-34-5972

17. INFORMANT & ADDRESS: ADMISSION RECORD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1. IX
IMMEDIATE CAUSE (A) CARCINOMA OF THE STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. EMBOLUS RT. FEMORAL ARTERY

19A. DATE OF OPERATION: 12-6-55

19B. MAJOR FINDINGS OF OPERATION: LAPAROTOMY WITH JEJUNOSTOMY

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. , 1955, to DEC. , 1955, that I last saw the deceased alive on DEC. 10 , 1955, and that death occurred at 7:47 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. Robert J. Mc Whorter M.D. for JOHN L. FAHEY, M.D. ADDRESS BETHESDA, MD. DATE SIGNED 12-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 12-13-55 — NAME OF CEMETERY OR CREMATORY: Hebrew Friendship — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR: Dec 12, 1955 — REGISTRAR'S SIGNATURE: C. N. Hedrick

24. FUNERAL DIRECTOR: Jack Lewis — ADDRESS: 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12112

12'40 CERTIFICATE OF DEATH Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) BETHESDA
LENGTH OF STAY (In this place) 5 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS NAT'L INST. HEALTH

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW YORK COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCHESTER
STREET ADDRESS (If rural give location) 32 S. GOODMAN ST.

3. NAME OF DECEASED: (Type or Print) (First) MURRAY (Middle) (Last) GOULD
4. DATE OF DEATH: (Month) DEC. (Day) 22 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: DEC. 24 1935
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HYMAN GOULD
14. MOTHER'S MAIDEN NAME: IDA KOKIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 087-26-9575
17. INFORMANT & ADDRESS: THE DECEASED, PRIOR TO DEATH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) MALIGNANT MELANOMA DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 2 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 12, 1955, to DEC. 22 1955, that I last saw the deceased alive on DEC 22, 1955, and that death occurred at 8.55 P.M., from the causes and on the date stated above.
(SIGNATURE) Daniel Nathans (Degree or title) M.D. ADDRESS NAT'L CANCER INST. DATE SIGNED DEC. 22, 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/23/55
NAME OF CEMETERY OR CREMATORY Rochester N.Y.
LOCATION (City, town, or county) Rochester (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR 12/23/55
REGISTRAR'S SIGNATURE Bernice M. Thompson
24. FUNERAL DIRECTOR B Danzansky & Son
ADDRESS 3501-14th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12113

12141 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

V8599V94

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) One month
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Spotsylvania
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fredericksburg
STREET ADDRESS (If rural give location) 320 Forbes Street

3. NAME OF DECEASED: (Type or Print) (First) Douglas (Middle) Lynn (Last) Hall

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 17 August 1955

9. AGE last birthday: XX IF UNDER 1 YEAR Months 3 Days 16 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Judson Anderson Hall

14. MOTHER'S MAIDEN NAME: Lillian E. Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Judson Anderson Hall, 320 Forbes St., Fredericksburg, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congenital Heart Disease

DUE TO (C) Acute Bronchitis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec, 1955, to 3 Dec, 1955, that I last saw the deceased alive on 3 Dec, 1955, and that death occurred at 12:35 PM, from the causes and on the date stated above.

SIGNATURE J. W. STOLLAR III, LCDR MC USNR — ADDRESS M.D. U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7 Dec 55 — NAME OF CEMETERY OR CREMATORY Church of Our Saviour Cem. — LOCATION (City, town, or county) (State) Montpelier, Virginia

DATE REC'D BY LOCAL REGISTRAR 3 December 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR J. C. Flynn Funeral Home — ADDRESS Beaver Dam, Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12142 12114

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

Montgomery County

1. PLACE OF DEATH: COUNTY 5810 Cedar Pkwy Chevy Chase, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (In this place) Home
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md X
STREET ADDRESS (If rural, give location) 5810 (Cedar) Parkway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BESSIE	FRENCH	HAMILTON	DEC.	7	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W		Oct 11, 1866	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Keene N. H.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Horace French	Mary Steel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Charlotte Jervis - 5810 Cedar, Chevy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Coronary Artery disease	1 year
	(c) Poorly healed old fracture of left hip	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteoporosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 7, 1951, to Dec. 7, 1955, that I last saw the deceased alive on December 7, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alma Jane Starr	M. D.	3232 Porter St. NW Wash. D.C.	Dec. 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-9-55	Fairhill	Md. D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-7-55	Bessie G. Harrison	Frazier (102)	Inc. 1751 Conn. Ave. Wash D.C.

12143 12115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) ½ hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS B. & O. RAILROAD STATION

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ILLINOIS COUNTY COOK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CHICAGO
STREET ADDRESS (If rural, give location) 4130 NORTH LAWLER AVENUE

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) MICHAEL (Last) HARNICK

4. DATE OF DEATH (Month) DECEMBER (Day) 4 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MARCH 17,1886	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Dentist (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Dentistry
11. BIRTHPLACE (State or foreign country): AUSTRIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL HARNICK
14. MOTHER'S MAIDEN NAME: ANNA UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: (CHICAGO, ILLINOIS ESTHER K. HARNICK, 4130 NORTH LAWLER AVE.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion DUE TO	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ruptured duodenal ulcer, coronary sclerosis for several years

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Brostrom M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-5-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
SHIP & BURIAL	DEC. 5, 1955	ROSEMONT CEMETERY	CHICAGO, COOK CO., ILLINOIS

DATE REC'D BY LOCAL REG. DEC 5 '55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner & Pumphrey
ADDRESS SILVER SPRING, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12116

12083 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 761 SILVER SPRING AVENUE

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) SHELTON (Last) HARVEY

4. DATE OF DEATH (Month) DECEMBER (Day) 29 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 27, 1888

9. AGE last birthday 67 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employed

10B. KIND OF BUSINESS OR INDUSTRY: CARPENTER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James M. Harvey

14. MOTHER'S MAIDEN NAME: Georgianna Goddard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-03-8305

17. INFORMANT & ADDRESS: Mrs. Laura M. Harvey, 761 Silver Spring Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 or 5.

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH: 11 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 1955 to Dec. 29 1955 that I last saw the deceased alive on Dec. 28, 1955, and that death occurred at 3 50 A M, from the causes and on the date stated above.

SIGNATURE J. Marion Barnhead M. D. ADDRESS 9241 Colesville Blvd Silver Spring Md. DATE SIGNED 12/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/31/55

NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Cemetery

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 30 1955

REGISTRAR'S SIGNATURE Milton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12144

CERTIFICATE OF DEATH

12117

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

U5244424

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 29 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Montgomery
CITY, If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 1625 Lewis Avenue

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Heller

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: Dec. 15, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 29 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Bruce Albert Heller

14. MOTHER'S MAIDEN NAME: Edythe Lorraine DeLarco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mother. Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7 to 4 IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Postpartum infection — 2

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intraventricular (left lateral) hemorrhage

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: Medial to fundus Cyclovis Plexus

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1955 to Dec 17, 1955, that I last saw the deceased alive on Dec. 16, 1955, and that death occurred at 4:50 A.M, from the causes and on the date stated above.

SIGNATURE E. Bush M.D. ADDRESS Suburban Hosp Bethesda, Md DATE SIGNED 17 Dec

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-20-55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 12-21-55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert H. Crumpton

ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12118

12145 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monterey
STREET ADDRESS (If rural give location) 264 Soledad Drive

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Haile (Last) HENNING

4. DATE OF DEATH: (Month) (Day) (Year) December 5 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-3-26
9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: LeRoy H. Haile
14. MOTHER'S MAIDEN NAME: Rachel L. STABLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) — —
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband Harvey S. HENNING Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

IMMEDIATE CAUSE (A) Left Lower Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Acute Bronchial Asthma — yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov, 1955 to 5 Dec, 1955 that I last saw the deceased alive on 5 Dec, 1955, and that death occurred at 7:19 P.M., from the causes and on the date stated above.

SIGNATURE A. J. Capelletti — ADDRESS — DATE SIGNED

A. J. CAPELLETTI LT, MC, USNR, U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8 Dec 1955
NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cemetery
LOCATION (City, town, or county) (State): Jacksonville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6 Dec 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: Burns and Sons Funeral Home, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **12119**

12084 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK MD. 17
MARYLAND LENGTH OF STAY (In this place) 8yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS OR —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK. MD.
STREET ADDRESS (If rural give location) 7619- MAPLE AVE.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) F. (Last) Hoover

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH. JAN 24 1887 | 9. AGE last birthday 68 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10B. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLIFFORD SMITH | 14. MOTHER'S MAIDEN NAME: MARGARET BURKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT & ADDRESS: NICHOLAS WESTERN. 7619- MAPLE, AVE TAKOMA, PK. MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42...1 IMMEDIATE CAUSE (A) Congestive heart Failure DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1955, to Dec 4, 1955, that I last saw the deceased alive on Dec. 4, 1955, and that death occurred at 2:25 AM, from the causes and on the date stated above.
SIGNATURE Patient regularly under care of Dr. Lee Snow, Raymond Bradshaw M. D. ADDRESS 10331 Old Columbia Rd Silver Spring, Md DATE SIGNED Dec 4, 1955

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF 12/7/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR W. C. Chambers Co. ADDRESS 5804 Cleveland Ave Landale Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Patient seen for Dr Lee Snow who was regularly in attendance but who was out of town at time of death.

Raymond Bradshaw, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12120

12146 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) Rt. #1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Holland

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1955

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 12.13.55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14 MOTHER'S MAIDEN NAME: Doris Virginia Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7541

IMMEDIATE CAUSE (A) Defective development

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (microcephalus - brain tissue exposed - cleft palate, etc.)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . , 19 . . , to . . , 19 . . , that I last saw the deceased alive on 12/13 . . , 1955 , and that death occurred at 5:1 A. M, from the causes and on the date stated above.

SIGNATURE Richard A. Yates M.D. ADDRESS Olney Md DATE SIGNED 12/14/55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/16/55 NAME OF CEMETERY OR CREMATORY Norbeck LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 12-16-55 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Robert L Anderson ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12121

12147 CERTIFICATE OF DEATH Reg. Dist. No. 21-2

1 PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring; MARYLAND LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8707 - 2nd ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring; STREET ADDRESS (If rural give location) 8707 - 2nd ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Houser

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 12, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Hauling

11. BIRTHPLACE (State or foreign country): Montg. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Henry Houser

14. MOTHER'S MAIDEN NAME: Emma R. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 228-42-7594A

17. INFORMANT'S ADDRESS: Mrs. Ralph H. Houser 3910 Farragut St. Ken. Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — —

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 25, 1955 to Dec. 25, 1955 that I last saw the deceased alive on Dec. 25, 1955, and that death occurred at 4 p.m. M. from the causes and on the date stated above.

SIGNATURE Marion Benjamin Read M. D. ADDRESS 9241 Col. Ozbd. Silver Spring Md. DATE SIGNED 12/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 12-28-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Bryce Georges Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec 27/55 | REGISTRAR'S SIGNATURE Frances Allen | 24. FUNERAL DIRECTOR The Hines Co. | ADDRESS 2901-4 14th St. N.W. Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

12122

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12148 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mayryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2503 Jennings Court

3. NAME OF DECEASED: (Type or Print) (First) Solomon (Middle) Bernard (Last) HURWITZ

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10-19-00

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B KIND OF BUSINESS OR INDUSTRY. Mariner Retired

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isiah HURWITZ

14. MOTHER'S MAIDEN NAME: Esther MAHARIK

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II & Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Hattie HURWITZ Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Cardiac Tamponade — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma, Epidermoid,

DUE TO (C) Bronchogenic, with extensive metastasis — 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Nov, 1955, to 12 Dec, 19 55 that I last saw the deceased alive on 12 Dec 1955, and that death occurred at 9:33 AM, from the causes and on the date stated above.

SIGNATURE John W. Flynn ADDRESS J. W. FLYNN LT, MC, USN U. S. Naval Hospital, NNMC, Betehsda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 16 Dec 1955 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Hartford, Conn.

DATE REC'D BY LOCAL REGISTRAR 13 Dec 1955 REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217 9th St., N.W. Washington, D.C.

12123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, F-9192 2-7-56 at 12149

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville (Rural)
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverly Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. D. C. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Washington
STREET ADDRESS (If rural, give location) 1661 Park Road, N. W. (Waverly Sanitarium)

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) (Last) Jack

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 30, 1872

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Newport R.I.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Jack

14. MOTHER'S MAIDEN NAME: Ida Douglas Chappel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: 4403 Kenilworth Ave Mrs Robert Gray - niece Wash D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

IMMEDIATE CAUSE (A) Bronchopneumonia, acute — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized abdominal carcinomatosis — 2 years

19A. DATE OF OPERATION: 1948?

19B. MAJOR FINDINGS OF OPERATION: Ca. ... mod

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 1948 to 24 Dec ..., 1955, that I last saw the deceased alive on 24 Dec ., 1955, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr. M.D. ADDRESS 5029 Bethesda Ave Beth Md DATE SIGNED 25 Dec 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation — DATE THEREOF: 12/28/55 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Prince Georges Co. Md

DATE REC'D BY LOCAL REGISTRAR: 12-27-55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: A. H. Hines Co. — ADDRESS: Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12150 **CERTIFICATE OF DEATH** Reg. Dist. No. 12124

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Arlington
STREET ADDRESS (If rural give location): 2700 13th Road So. Apt. 375

3. NAME OF DECEASED (Type or Print): (First) Arnold (Middle) William (Last) Jansing

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1921

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Adding Machine Co.

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew Jansing

14. MOTHER'S MAIDEN NAME: Dorothy Fledderman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: 308-18-6700

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas with metastases — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Nov. 23, 1955, to Dec. 19, 1955, that I last saw the deceased alive on Dec. 19, 1955, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard R. Paton, M.D. — ADDRESS: The Clinical Center, NIH, Bethesda, Md. — DATE SIGNED: Dec 20, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-22-55 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington — (State): Va.

DATE REC'D BY LOCAL REGISTRAR: 12-21-55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: John Lee & Sons — ADDRESS: Washington D C

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12151

CERTIFICATE OF DEATH

12125

Reg. Dist. No. 216

Item 13, Film G192 2-16-56 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Bethesda

LENGTH OF STAY (in this place): 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brink Row

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CHARLES	FREDERICK	JONES	Dec. 23 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	(S)	4 March 1895	60 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrician	Electric Power	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles F. Jones	Isabel Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	W.W. #1	None.	Patient's friend

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart failure	2 mon.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Diabetes mellitus + Arteriosclerotic heart disease	3 years
	DUE TO (c) Hemorrhoids	5 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatic cirrhosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... ,19..., to ....., 19.., that I last saw the deceased alive on ....., 19...., and that death occurred at 6:23 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lester M. Cramer M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 28. 1955	Arlington National	Arlington	Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-27-55	Bessie M. Thompson	Roy W. Barber, Jr.	Laytonsville Md.

Be. Francis W. Barber

12152

12126

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Frederick Ave

3. NAME OF DECEASED: (First) William (Middle) (Last) Joppa (Joppy)
4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 1955

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 10, 1905
9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Various ones
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Arno Joppy
14. MOTHER'S MAIDEN NAME: Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 201-18-0496
17. INFORMANT & ADDRESS: Myrtle Jessie Joppy - Rockville Md. Frederick Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fat Embolism, Brain & Lung — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Compound Comminuted fractures both Tibias — 7 days

DUE TO

(c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: Dec. 2, 1955
19b. MAJOR FINDING OF OPERATION: Bilat. Fract. Tibiae
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street
21c. (City or town) Rockville (County) Mont. Co. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-2-55 - 7:28 A.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Struck by auto while getting chains on car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchat M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-13-55
NAME OF CEMETERY OR CREMATORY Ash Memorial
LOCATION (City, town, or county) Sandy Spring (State) Md.

DATE REC'D BY LOCAL REG. 12-13-55
REGISTRAR'S SIGNATURE Bessie M. Hutchison
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12127

12153 **CERTIFICATE OF DEATH** Reg. Dist. No. 2-14

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville Rt. 29.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOSWELL NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 620 Madison St. N.W.

3. NAME OF DECEASED: (First) EUGENE (Middle) W. (Last) JUNTA (Type or Print)

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: Oct 10. 1880 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Maker | 10B. KIND OF BUSINESS OR INDUSTRY: Self- | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Salvatore, Junta | 14. MOTHER'S MAIDEN NAME: Emma Nicaotra Bonacorsi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Mrs Emma Valenti, 620 Madison St. Washington D C

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

49/X
IMMEDIATE CAUSE (A) Bronchial pneumonia — 2 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Virus pneumonia — 2 days
DUE TO (C) Generalized arteriosclerosis — years
X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — years

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1955, to 12-24, 1955, that I last saw the deceased alive on 12-23, 1955, and that death occurred at 4 M, from the causes and on the date stated above.

SIGNATURE Chas. L. Rogers, M.D. ADDRESS Silver Spring Md DATE SIGNED 12-24-55

25. BURIAL, CREMATION, REMOVAL (SPECIFY) ENTOMBMENT | DATE THEREOF Dec 28, 1955 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Mausoleum | LOCATION (City, town, or county) (State) Bladensburg, Maryland.

DATE REC'D BY LOCAL REGISTRAR Dec 27 55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR & ADDRESS W. W. Chambers Co. 5801 Cleveland Ave.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12128

12154 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 4411 Bradley Boulevard

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Joseph (Last) KEEFE

4. DATE OF DEATH: (Month) (Day) (Year) December 17 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 11-7-91
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Peter KEEFE
14. MOTHER'S MAIDEN NAME: Mary CONNELLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ADDRESS: Wife Mrs. Elizabeth S. KEEFE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Arthero-sclerotic Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis - active - Rt upper lobe — 2 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Oct, 1955, to 17 Dec, 1955, that I last saw the deceased alive on 17 Dec, 1955, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE H. I. PASSES LT, MC, USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 21 Dec 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 19 Dec 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home — ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12129

12155

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New York City
STREET ADDRESS (If rural give location) 216 West 91st Street

3. NAME OF DECEASED: (First) Charles (Middle) Bernard Daniel (Last) Kidson
4. DATE OF DEATH: (Month) December (Day) 14, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: August 31, 1895
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months 3 Days 13 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): News Photographer
10B. KIND OF BUSINESS OR INDUSTRY: Free lance photographer
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kidson
14. MOTHER'S MAIDEN NAME: Margaret Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO THROMBOSIS of left CIRCUMFLEX ARTERY

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1955, to Dec 14, 19 55 that I last saw the deceased alive on Dec 14, 19 55, and that death occurred at 8:30P M, from the causes and on the date stated above.

SIGNATURE Robert A Kilmon M. D. ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 12/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-17-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington (State) D C

DATE REC'D BY LOCAL REGISTRAR 12/18/55
REGISTRAR'S SIGNATURE Rosa M. Thompson
24. FUNERAL DIRECTOR Robert A. Lumphrey
ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12156

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY 5721 CROSIER LANE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA MD
LENGTH OF STAY (in this place) 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RESMORE SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Mont. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural give location) 3116 WINNETT RD.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) BELL (Last) KIRACOFE
4. DATE OF DEATH: (Month) DEC (Day) 24 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: JAN 10, 1870
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR, Months — Days — IF UNDER 24 HRS., Hours — Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Sandusky, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN LUTHER KIRACOFE
14. MOTHER'S MAIDEN NAME: FANNIE B. PAPES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS. JOHN J. KIRACOFE - SON 3116 WINNETT CH. CH. MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Coronary failure and

(C) Coronary sclerosis — 10 and.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 14, 1955, to DEC 24, 1955, that I last saw the deceased alive on DEC. 24, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE Paul K. Daylor M. D. ADDRESS 2140 P. Cur. N.W. Wash. DC DATE SIGNED 12-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 12-29-55 — NAME OF CEMETERY OR CREMATORY Allentown Cem. — LOCATION (City, town, or county) (State) Allentown, Ohio

DATE REC'D BY LOCAL REGISTRAR 12-29-55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Chevy Chase Funeral Home — ADDRESS 5109 Wisconsin Ave. N.W.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

12131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12157

CERTIFICATE OF DEATH

Item 7, File G190 12-27-55 et

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Olney
MARYLAND LENGTH OF STAY (In this place) 5 mo. 19 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Chronic Hospital -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Page
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wuray
STREET ADDRESS (If rural, give location) 140 High St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) F (Last) Krafft

4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 16 1870

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wuray. Va -

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: A. S. Prince

14. MOTHER'S MAIDEN NAME: Mary Ann Fishpaw -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Ann A. Goldenwieser Brewster - Cape Cod - Mass -

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Left vent. failure + DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Art. Sclerosis + Diverticulosis DUE TO

(C) + Ben. Senility

INTERVAL BETWEEN ONSET AND DEATH: 3 Mo c

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17, 1955, to 12-6, 1955 that I last saw the deceased alive on Dec 5, 1955, and that death occurred at 9P M, from the causes and on the date stated above.

SIGNATURE John Beasley Ziegler M.D. ADDRESS Olney Md DATE SIGNED 12-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-9-55

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 12-10-55

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Robert A Bumphrey

ADDRESS: Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12132

12158

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Lawson

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1955

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): ? | 8. DATE OF BIRTH: 4-5-78 | 9. AGE last birthday 77 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Smith County - Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Son Mr. Alfred Lawson - Rockville, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
179.9 IMMEDIATE CAUSE	(A) Massive gastro-intestinal hemorrhage	24 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinomatosis, original site undetermined	4 weeks
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1955, to Dec 10, 1955, that I last saw the deceased alive on Dec 10, 1955, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE Aaron H. Traum | M.D. | ADDRESS 8237 Georgia Ave-Silver Spring Md | DATE SIGNED Dec 11 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-17-55 | NAME OF CEMETERY OR CREMATORY Monocacy Cemetery | LOCATION (City, town, or county) (State) Barnesville Md.

DATE REC'D BY LOCAL REGISTRAR 12-13-55 | REGISTRAR'S SIGNATURE Bessie M. Hunsaker | 24. FUNERAL DIRECTOR W. B. Hilton | ADDRESS Barnesville, Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12159

12133

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 6days 14hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 3608 Plyers Mill Road

3. NAME OF DECEASED: (First) Elizabeth (Middle) Susan (Last) Sessitzer
4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 1-26-75
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Housework
10B. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (State or foreign country): Dist. of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Lyman McDuell
14. MOTHER'S MAIDEN NAME: Hunter, Martha A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Evelyn L. Booker 4110-13th Pl. NE Wash., D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 157X
(A) Carcinoma, Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardiovascular Disease

19A. DATE OF OPERATION: N/A
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec., 1955, to 8 Dec., 1955, that I last saw the deceased alive on 7 Dec., 1955, and that death occurred at 2:10 A M, from the causes and on the date stated above.
SIGNATURE M. D. [signature]
ADDRESS Suburban Hosp Bethesda
DATE SIGNED 8 Dec. '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): DATE THEREOF 12-10-55 NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery LOCATION (City, town, or county) (State): Wash D.C.

DATE REC'D BY LOCAL REGISTRAR 12-8-55
REGISTRAR'S SIGNATURE Bessie M. Hemmissor
24. FUNERAL DIRECTOR: Lemmon Haubrich ADDRESS 3831-Gallatin

¿Tiraeso?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12134

12160 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Resmor Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 Riggs Road N.E.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Susan (Middle) (Last) LeSavoy

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: 17 July 1878

9. AGE last birthday 77 yrs

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rumania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Redinger

14. MOTHER'S MAIDEN NAME: Ernestine (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. Henry Somers, 2107 Belvedere Blvd, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH 3 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis 2 years.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953 to Dec. 1955, that I last saw the deceased alive on Dec 22 1955, and that death occurred at 9:20 A.M, from the causes and on the date stated above.

SIGNATURE Lawrence J. Ramos M. D. ADDRESS 900 17th St N.W. DATE SIGNED 12/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 12/26/55 NAME OF CEMETERY OR CREMATORY George Washington Memory LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 12-27-55 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217 14th St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

.. 3480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
a. COUNTY: Montgomery — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Seneca
c. LENGTH OF STAY IN 1b: D. O. A.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Potomac River

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
d. STREET ADDRESS: 4824 Park Ave.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Richard — Middle: Edward — Last: Lightfoot

4. DATE OF DEATH: Month: Dec. — Day: 10, — Year: 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct. 25, 1934

9. AGE (In years last birthday): 21 yrs.

IF UNDER 1 YEAR: Months: 1 — Days: 15

IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Roadway Express

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Frank E. Lightfoot (Deceased)

14. MOTHER'S MAIDEN NAME: Dorothy Stone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mother — Address: Dorothy StoneChaney Item #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Asphyxia by Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO (b):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Drowned while duck hunting

20c. TIME OF INJURY: Hour: 11:30 a. m. — Month, Day, Year: 12-10 19 55

20d. INJURY OCCURRED: While at work ☐ Not while at work ☒

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Potomac R

20f. (City or town): Seneca — (County): Monty — (State): md

21. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

ACTUAL SIGNATURE: Frank J. Broschart M.D

EXAMINER'S NAME (Type): FRANK J. BROSCHART

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

DATE SIGNED: 5-13-56

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 5-15-56

22c. NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

22d. LOCATION (City, town, or county) (State): Rockville, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: H. Don DeVol — ADDRESS: 2224 Wis. Ave, N.W. Washington, D.C.

24a. REC'D BY REGISTRAR — DATE: 5-16-56

24b. REGISTRAR'S SIGNATURE: Beatrice M. Thompson

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate by writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. The certificate should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12135

Iter 9, Fil. G-1 1-16-56 t

12085 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington N.W.
STREET ADDRESS (If rural give location) 3429 Oakwood Terrace

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) Dunkle (Last) Lowe

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-14-83

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Veterinarian

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lowe

14. MOTHER'S MAIDEN NAME: Clara Dunkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE (B) DUE TO Brain tumor — at least 4 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive heart disease — at least 5 years

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1955, to Dec 23, 1955, that I last saw the deceased alive on Dec 23, 1955, and that death occurred at 11:25 P M, from the causes and on the date stated above.

SIGNATURE Aaron H. Traum M.D. ADDRESS 8237 Georgia Ave Silver Spring Md DATE SIGNED 12/24/55

23. BURIAL CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 12/26/55 — NAME OF CEMETERY OR CREMATORY Lincoln Cem. — LOCATION (City, town, or county) Prince George Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-24-55 — REGISTRAR'S SIGNATURE Myron Dodd

24. FUNERAL DIRECTOR A. L. Sines Co — ADDRESS 2901-14th N.W.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12136

12086 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH:
COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7107 CEDAR AVE.
MARYLAND LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
STREET ADDRESS (If rural give location) 7108 CEDAR AVE.

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) MILTON (Last) MAC COY

4. DATE OF DEATH (Month) 12 (Day) 30 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED | 8. DATE OF BIRTH: NOV. 21, 1877 | 9. AGE last birthday: 78 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired): RETIRED SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: GEN. SELLING
11. BIRTHPLACE (State or foreign country): NEWVILLE, PENNA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID MAC COY
14. MOTHER'S MAIDEN NAME: ? NORTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. EDGAR MILTON MAC COY. JR. 5012 SCARSDALE RD. WASHINGTON 16, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) PULMONARY FAILURE	2 DAYS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) METASTATIC CARCINOMA	2 YEARS +
	DUE TO (C) CARCINOMA OF BLADDER	3 YEARS +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. COMPLETE HEART BLOCK

19A. DATE OF OPERATION: NOV. 1952
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA OF BLADDER
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1955, to DEC 30, 1955, that I last saw the deceased alive on DEC 29, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.
SIGNATURE Emma Kildeman M.D. ADDRESS 113 CARROLL ST N.W. WASHINGTON DC DATE SIGNED 12/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit | DATE THEREOF JAN 2, 1956 | NAME OF CEMETERY OR CREMATORY WILMINGTON-BRANDYWINE CEM. | LOCATION (City, town, or county) WILMINGTON, (State) DEL.

DATE REC'D BY LOCAL REGISTRAR Dec 31-1955 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Arthur Stallard ADDRESS 254 CARROLL ST N.W., TAKOMA PARK 12, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12139

12161 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 1855 Wyoming Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Travers (Last) Maguire

4. DATE OF DEATH: (Month) 12 (Day) -16 (Year) 1955

5. SEX: White Male

6. COLOR OR RACE:

7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify):

8. DATE OF BIRTH: Nov. 3, 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 1 Days 13 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Boston, Mass,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick James Maguire

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Nephew - Frank H, Maguire, M.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 ✓

IMMEDIATE CAUSE (A) Confluent Bronchopneumonia Right Lung 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Bronchogenic Carcinoma Rt. Lung 6 mos

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1955 to Dec. 16, 1955, that I last saw the deceased alive on Dec. 16, 1955, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE Sidney B. Lourie, M.D. ADDRESS 3931 Argonne Drive, Woodside DATE SIGNED 12/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-17-55

NAME OF CEMETERY OR CREMATORY Rock Creek Cem.

LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 12/18/55

REGISTRAR'S SIGNATURE Rosie M. Hammond

24. FUNERAL DIRECTOR Robert C. Lumpkins ADDRESS Bethesda, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12140

12162 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda

LENGTH OF STAY (In this place) [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS Resmor Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, DC

STREET ADDRESS (If rural give location) 1[illegible]5- [illegible]th St. NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RACHEL	[illegible]	MAKHAM	Dec	3	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	10-[illegible]-1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Wisconsin	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Anthony McGovern	Elena McCormick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Marion Markham 1[illegible]5-45th St. NW

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 Days.

ANTECEDENT CAUSE(S) DUE TO (B) Fracture Hip Rt (Old Fall) — 7 wks ago.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition - Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11 Nov 55	Fracture Neck of Femur	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
		Home	Wash	DC.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
13 Nov 55			Fell at Home

22. I hereby certify that I attended the deceased from 14 Nov, 1955, to 3 Dec, 1955, that I last saw the deceased alive on 3 Dec, 1955, and that death occurred at 1.15 P.M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. **ADDRESS** (Street, city, town, state) **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	12-5-1955	Cedar Hill Cemetery	Suitland, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
12/7/55	Bessie M. Thompson	Joseph Gawler's Son	1756 Pa. Ave NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12141

12163

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Bethesda Rural
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
STREET ADDRESS (If rural give location): 67th Street

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) William (Last) MARQUESS

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-6-91

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Filmore MARQUESS

14. MOTHER'S MAIDEN NAME: Ella PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) 1912-41

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Brother Eversfield R. MARQUESS Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
321X IMMEDIATE CAUSE	(A) Bronchial pneumonia	3 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Cerebral Vascular Accident DUE TO	3 weeks
	(C) Hypertensive Vascular Disease	12 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Nov, 1955 to 7 Dec, 1955, that I last saw the deceased alive on 7 Dec 1955, and that death occurred at 10:00A M, from the causes and on the date stated above.

SIGNATURE: A. G. Webb — ADDRESS: A. G. WEBB JR LTJG, MC, USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9 Dec 1955 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8 Dec 1955 — REGISTRAR'S SIGNATURE: Mary E Farrelly

24. FUNERAL DIRECTOR — ADDRESS: Chambers Funeral Home 517 11th Street, S.E. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12087

CERTIFICATE OF DEATH

12142

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural give location) 8216 15th. Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) James (Last) Marshall

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-23-1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Airco

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Marshall

14. MOTHER'S MAIDEN NAME: Elizabeth Surplas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction Ant. — 10 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1955, to Dec 14, 1955, that I last saw the deceased alive on Dec. 14, 1955, and that death occurred at 2:40 P M, from the causes and on the date stated above.

SIGNATURE Ernest A. Lord M.D. ADDRESS 7906 New Hampshire Ave DATE SIGNED 12/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec 17 1955 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR DEC 14 1955 — REGISTRAR'S SIGNATURE Elinor Riddle — 24. FUNERAL DIRECTOR Arthur Deaton — ADDRESS 354 Carroll N.W. Takoma Park 12, D.C.

12143

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12164 **CERTIFICATE OF DEATH**

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Echo
STREET ADDRESS (If rural give location): 10 Oberlin Avenue

3. NAME OF DECEASED: (First) Walter (Middle) Reginald (Last) Matthews

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-7-893

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus driver

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norwood-London

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Matthews

14. MOTHER'S MAIDEN NAME: Emily C. Ingood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-10-6449

17. INFORMANT & ADDRESS: Mrs. Edith M. Riley 4610 N. 16th St Arlington, Va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE (S) (B) DUE TO: Right Myocardial Failure — 1 Week.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C): Chronic Myocardosis — Additional

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Bronchiale Asthma

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 44, to Dec 18, 1955, that I last saw the deceased alive on 12-18, 1955, and that death occurred at 1.45 P M, from the causes and on the date stated above.

SIGNATURE M. D. P. P. Andreeva — ADDRESS Washington D.C — DATE SIGNED 12-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 12-20-55 — NAME OF CEMETERY OR CREMATORY: Columbia Gardens — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REGISTRAR: 12-19-55 — REGISTRAR'S SIGNATURE: Burnett Mumford

24. FUNERAL DIRECTOR — ADDRESS: W. E. Funeral Home By E. Coughlin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12165

CERTIFICATE OF DEATH

Reg. Dist. No. 12144 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): Six days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Mississippi COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nettleton
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Basil (Middle) Murdock (Last) MC DUFFIE

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-24-97

9. AGE last birthday: 58 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wood Products

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Arch MC DUFFIE

14. MOTHER'S MAIDEN NAME: Mary E. BALLARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WWII USMC

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: W. C. MC DUFFIE, 10906 Barndale, College Park, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Anoxia ventricular fibrillation (associated with aspiration of vomitus) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO

(B) Operative extirpation, abdominal aneurysm — 17 hrs

DUE TO

(C) Atherosclerotic cardio-vascular disease — undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: /

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec, 1955, to 3 Dec, 1955, that I last saw the deceased alive on 3 Dec. 1955 and that death occurred at 2:06 AM, from the causes and on the date stated above.

SIGNATURE: E. J. Rupnick

ADDRESS: E. J. RUPNICK, LT MC USN, U. S. Naval Hospital, NNMC, Bethesda, Maryland

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10 Dec 55

NAME OF CEMETERY OR CREMATORY: Nettleton Cemetery

LOCATION (City, town, or county) (State): Tupelo, Mississippi

DATE REC'D BY LOCAL REGISTRAR: 3 Dec 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS: Spain Funeral Home, Tupelo, Mississippi

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12166 CERTIFICATE OF DEATH

12145

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 2701 Connecticut Ave NW

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Gerkens (Last) McFall

4. DATE OF DEATH. (Month) Dec. (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 25 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 7 Days 29 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Selling

10B. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Toledo Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Gerkens

14. MOTHER'S MAIDEN NAME: Alice Whittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 372-16-5820

17. INFORMANT & ADDRESS: Eugene H. McFall 7314 Barnett Rd Bethesda Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSE (B) DUE TO Cholelithiasis & Cholecystitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Leukemia

19A. DATE OF OPERATION: Dec. 3, 1955

19B. MAJOR FINDINGS OF OPERATION: Abdominal Abscess

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1955, to Dec 24, 1955, that I last saw the deceased alive on Dec 24, 1955, and that death occurred at 12:50 M, from the causes and on the date stated above.

SIGNATURE C. Edwin McNamara M.D. ADDRESS 6609 Kennedy Dr DATE SIGNED 12-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Transit-Burial — DATE THEREOF: 12-25-55 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Mansfield Richland Ohio

DATE REC'D BY LOCAL REGISTRAR: 12-27-55

REGISTRAR'S SIGNATURE: Bernice Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

12098

12137
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) Three 15 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 10 (2) Southway

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Alexander	McGuire	Dec	28	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	May 31 1937	18 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student	H.S. School	District of Columbia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alexander McGuire	Mary Lonie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	214346661	Wash. San + Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture of skull DUE TO	10 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Street	W. Hyattsville Md. Prince Georges Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12-27-55 9:25 P M.		Passenger in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Travis J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-28-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/30/55	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29 1955	J. Milton Dodd	W.W. CHAMBERS Co.	1400 Chapin St Wash, D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12138

12167 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY --; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tampa; STREET ADDRESS (If rural give location) 2300 North Oregon Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Michael (Last) McGuire

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1909

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Citrus

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McGuire

14. MOTHER'S MAIDEN NAME: Mary (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 267-09-1829

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Subarachnoid and ventricular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSE (B) DUE TO: Malignant hypertension — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1955, to Dec. 28, 1955, that I last saw the deceased alive on Dec. 28, ..., 1955., and that death occurred at 1:45 P.M, from the causes and on the date stated above.

SIGNATURE J. Murie H. Lamon M.D ADDRESS NIH, Bethesda, Md. DATE SIGNED 12-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation; DATE THEREOF 12-31-55; NAME OF CEMETERY OR CREMATORY Lees Crematory; LOCATION (City, town or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 12-28-55; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR J. W. Lee Son; ADDRESS Wash. D.C.

VS. A15—10-53

12-68

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12147 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2 6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2100 Hildarose Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 5 1
STREET ADDRESS (If rural, give location) 2100 Hildarose Dr

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Hughes (Last) Morgan

4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-11-1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James F Morgan

14. MOTHER'S MAIDEN NAME: Nellie Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-12-1055

17. INFORMANT & ADDRESS: Gertrude Morgan (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Indefinite

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bostrant M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 12-8-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/10/55

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Dec 9 55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Edward A. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

12169

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12148

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

LENGTH OF STAY (in this place): D.C.A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Gaithersburg

STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	John	Miele	Dec.	5	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	White	Married	Aug. 24, 1902	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Manager	Restaurant	New York	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
/		Wife - Lula Easter Miele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO	Hypertension	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Bosshart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 12-5-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/8/55	Parklawn	Rockville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/55	Ernie M. Thompson	Fee & H. Henley & Sons	2901-14 Rhode Island Ave. Wash DC

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12170 **CERTIFICATE OF DEATH** Reg. Dist. No. 12149

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 APPLE GROVE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winter Garden
STREET ADDRESS (If rural give location) Trailer Park

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Adolph (Last) Mifka
4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 2 19 55
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Aug. 30, 1884
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Gen. Governot
10b. KIND OF BUSINESS OR INDUSTRY: Loyal Order of Mobse
11. BIRTHPLACE (State or foreign country): Kewaunee, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Anton Mifka
14. MOTHER'S MAIDEN NAME: Anna Kipp
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 343-09-0826
17. INFORMANT & ADDRESS: Mrs. George J. Lang, Jr., 502 Apple Grove Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Toxic myocarditis — Interval Between Onset And Death 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Multiple myeloma — 7 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3rd, 1955, to December 2, 1955, that I last saw the deceased alive on December 2, 1955, and that death occurred at 9 20 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roger Kurtz, MD, ADDRESS 3701 Connecticut Ave NW. DATE SIGNED 12-2-55

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 12/3/55 — NAME OF CEMETERY OR CREMATORY Greenwood Cemetery — LOCATION (City, town, or county) (State) Orlando, Florida

DATE REC'D BY LOCAL REGISTRAR Dec 5 55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Wimmer & Dunphrey, ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

VS. A15

12089

12150 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

Items 1a, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11, 12, 13, 14, 15, 16, 17, 19a, 19b, 20, 21a, 21b, 21c, 21d, 21e, 21f, 23, 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY MONTGOMERY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7801 TAKOMA AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY MONTGOMERY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN TAKOMA PARK

STREET ADDRESS (If rural, give location) 7801 TAKOMA AVENUE

3. NAME OF DECEASED: (Type or Print) (First) FROST (Middle) — (Last) MILLS

4. DATE OF DEATH (Month) DECEMBER (Day) 6 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Aug. 30, 1887	68 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Real Estate	Own Business	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Daniel Mills	Laura Ellen Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	577-09-7891-A	Lt. Col. Morris H. Mills, 800 Kerry Lane Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Asphyxia due to carbon monoxide poisoning (Suicide)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Found dead in auto in enclosed Garage

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Found dead in auto at home in an enclosed garage

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brostrom M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-6-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/9/55	Ft. Lincoln Cemetery	Prince Georgia County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 8 1955	[illegible]	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

VS. A15A - 5 - 53

Items 2-14-17; Film C190 12/22/55 dmr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12151

12171

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED Dinwiddie
STATE Maryland Va. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda // Petersburg
STREET ADDRESS (If rural give location) 8105 Mapleridge Road 437 Harrison St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Barner (Last) Morrison

4. DATE OF DEATH: (Month) (Day) (Year) December 3 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 11-23-73

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Barner

14. MOTHER'S MAIDEN NAME: Pattie Grigg // Pride Grigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S ADDRESS: Navy Records / RADM O.B.Morrison,Jr. MC, USN(Son) U.S.Naval Hospital, Portsmouth, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension essential DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec., 1955, to 3 Dec, 1955 that I last saw the deceased alive on 3 Dec., 1955, and that death occurred at 10:00A M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
A. G. WEBB LTJG, MC, USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7 Dec 1955
NAME OF CEMETERY OR CREMATORY Blanford Cemetery
LOCATION (City, town, or county) (State) Petersburg, Virginia

DATE REC'D BY LOCAL REGISTRAR 3 Dec 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS Morris and Sons Funeral Home Petersburg, Virginia

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12152

12172 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 3865 North Upland Street

3. NAME OF DECEASED: (First) Arthur (Middle) Price (Last) MORTON
4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8 DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau	Married	30 May 1893	62 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mariner	U.S. Navy	Virginia	US

13 FATHER'S NAME: William B. MORTON
14. MOTHER'S MAIDEN NAME: Margaret J. CROCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	WWI, WWII, Korean Conflict	None	Wife: Lillian W. MORTON Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — 5 years.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 June, 1955, to 11 Dec, 1955 that I last saw the deceased alive on 11 Dec, 1955, and that death occurred at 5:40AM, from the causes and on the date stated above.

SIGNATURE B. L. CANAGA, CAPT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	14 Dec 1955	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11 Dec 1955	Mary E. Farrelly	Ives Funeral Home 2847 Wilson Blvd Arlington, Va.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12173

CERTIFICATE OF DEATH

Reg. Dist. No. 12153

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY MONTG — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FAIRLAND
LENGTH OF STAY (in this place) 22yrs Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT 2, SILVER SPRING

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (FAIRLAND)
STREET ADDRESS (If rural give location) RT 2, SILVER SPRING

3. NAME OF DECEASED: (First) DRUSIE (Middle) (Last) MULLEN

4. DATE OF DEATH: (Month) DEC (Day) 16, (Year) 1955

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: AUGUST 12, 1888

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): WAYNE COUNTY, W. VA.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: JOHN BATES

14. MOTHER'S MAIDEN NAME: VIRGINIA LEE BEACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If 'Yes,' give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: (RURAL) BURTONSVILLE, MRS. VIRGINIA BARNETT, P.O. LAUREL, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Apoplexia, hemorrhagica — 1 hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension — 10 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Dec., 1955, that I last saw the deceased alive on Dec 12, 1955, and that death occurred at 4:30 A M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF DEC. 19, 1955 — NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON CEM. — LOCATION (City, town, or county) RIGGS Rd. PRINCE GEO'S CO (State) MD.

DATE REC'D BY LOCAL REGISTRAR 12-16-55 — REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR J. ARTHUR WALTERS — ADDRESS 254 CARROLL ST NW. TAKOMA PARK 12, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12154

12090

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 5 hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 4404 Edgebrook Rd.

3. NAME OF DECEASED: (First) Hermalee (Middle) (none) (Last) Nellipowitz
(Type or Print)

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 30, 1919
9. AGE last birthday: 36 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Gen. Accounting Office
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John R. Lee Master
14. MOTHER'S MAIDEN NAME: Ollie Fairchild

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Husband Paul J. Nellipowitz Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Right cerebell or abscess — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) abscess right kidney — a year or more

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29 '55 to 12/2 '55 that I last saw the deceased alive on 12/2 '55, and that death occurred at 12:10 A.M., from the causes and on the date stated above.
SIGNATURE Paul J. Nellipowitz M.D. ADDRESS 12601 Old Columbia Pike DATE SIGNED 12/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec 6 1955
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REGISTRAR: DEC 3-1955
REGISTRAR'S SIGNATURE: Miriam Riddle
24. FUNERAL DIRECTOR: W K Huntemann
ADDRESS: 5732 Georgia ave Washington D C

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12174

CERTIFICATE OF DEATH

12155

Reg. Dist. No. 216

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5006 Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X

STREET ADDRESS (If rural give location) 5006 Hampden Lane

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) A. (Last) O'Connor

4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		Oct. 12, 1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Prop. of Hardware Store	Washington, D.C.	U.S.A.

13. FATHER'S NAME Michael O'Connor

14. MOTHER'S MAIDEN NAME Ellen Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Mrs Margaret M. Lehman 5006 Hampden Lane, Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-52 X IMMEDIATE CAUSE (A) Tolerein & Metastatic

ANTECEDENT CAUSE(S) DUE TO (B) Metastatic Malignancy of Colon

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH
3 wks
6 mons

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1955, to Dec. 2, 1955, that I last saw the deceased alive on Nov. 30, 1955, and that death occurred at 4 A.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. — **ADDRESS** (Street, city, town, state) 5016 Hampden Lane — **DATE SIGNED** 12/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
BURIAL	12-5-55	Mt. Olivet Cemetery	Washington, D. C.	

24. REC'D BY REGISTRAR DATE 12/6/55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Bessie M. Thompkins	Francis J. Collins	3821 14th. N.W. WASH. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12156

12175 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery Maryland MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Carroll Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 4526 Avondale Street

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) G. (Last) PARENT

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 17, 1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 7 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. J. Bussell

14. MOTHER'S MAIDEN NAME: Josephine Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss Katherine A. Parent-Same Item #2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral vascular accident	9 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) arteriosclerosis generalized	years
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: -

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to Dec, 1955, that I last saw the deceased alive on Dec 7, 1955, and that death occurred at 9 A. M, from the causes and on the date stated above.

SIGNATURE Alfred S. Norton M. D. ADDRESS Bethesda Md. DATE SIGNED Dec. 8, 1955

23. BURIAL, CREMATION, REMOVAL, (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-10-55	Rock Creek	Washington D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/55	Bessie M. Thompson	Robert A. Dunphrey	Bethesda, Md.

12176

12157 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8147 Conn. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural- Silver Spring

STREET ADDRESS (If rural, give location) 11604 Newport Mill Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
PETROS	D.	PETRIDES	Dec. 30, 1955 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	11-30-29	26 yrs.	1	0		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Manager	Grocery Store	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Demetrios Petrides	Evangelia Psiras

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	577-34-2618	Barbara E. Petrides-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	SHOCK	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	MASSIVE HEMOPERITONEUM	Sudden
	(c) DUE TO	RUPTURE OF LIVER	Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Parking lot	21c. (City or town) (County) (State)	
		Chevy Chase Monty	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
12-30-55 - 10:10 A.M.		Crushed between truck & building

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broccoli M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-30-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-	1-2-56	Ft. Lincoln	Prince George Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
12-31-55	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12158

12177 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 12104 Charles Road

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) — (Last) Quackenbush

4. DATE OF DEATH. (Month) Dec. (Day) 5 (Year) 1955

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 1-20-88 | 9. AGE last birthday 67 yrs. | IF UNDER 1 YEAR, Months — Days | IF UNDER 24 HRS., Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany ? | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter P Steger

14. MOTHER'S MAIDEN NAME: Caroline Warth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 1210 4 Charlotte
Wm. E. Quackenbush - Son Silver Spring Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
595X IMMEDIATE CAUSE	(A) Intra abdominal hemorrhage	Few hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cholecystectomy	2 months
	DUE TO (C) Chronic Cholecystitis	2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic nephritis

19A. DATE OF OPERATION: ext '55 | 19B. MAJOR FINDINGS OF OPERATION: Chronic cholecystitis, old pancreatitis | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 195, to 5 Dec., 1955, that I last saw the deceased alive on 5 Dec., 1955, and that death occurred at 9 45 P M. from the causes and on the date stated above.

SIGNATURE Edward Bloch M.D. ADDRESS Suburban Hosp. Bethesda Md. DATE SIGNED 12/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF DEC 8, 1955 | NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY | LOCATION (City, town, or county) (State) ROCKVILLE, Md.

DATE REC'D BY LOCAL REGISTRAR 12/6/55 | REGISTRAR'S SIGNATURE Bessie M. Thomkeson

24. FUNERAL DIRECTOR Arthur L. Walker | ADDRESS 254 Carroll Ave, D.C.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 MISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12178

CERTIFICATE OF DEATH

12159

Reg. Dist. No. 212

1. PLACE OF DEATH

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Poolesville

LENGTH OF STAY (In this place): 9 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Poolesville

STREET ADDRESS (If rural give location): RFD

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Gregory (Last) Rash

4. DATE OF DEATH (Month) Dec. (Day) 23 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	3/23/ 1877	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter	building	Warfordsburg, Penna.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Rash	Mary Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	- -	Marshall D. Rash, Sil. Spng., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Arteriosclerosis, cerebral vessels — Years

DUE TO (C): Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arteriosclerotic heart disease, hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- -		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 55, to Dec., 19 55, that I last saw the deceased alive on 11/28, 19 55, and that death occurred at 3. A.M. from the causes and on the date stated above.

SIGNATURE: Glenn F. Menchan M.D. — ADDRESS (Street, city, town, state): Druid Theater Bldg., Damascus, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-26-55	Neelsville	Germantown Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
12/28/55	Charles W. Elgin per DJE	Ernest C. Gartner, Gaithersburg

MARYLAND STATE DEPARTMENT OF HEALTH

12179

12160

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 902 Silver Spring Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 902 Silver Spring Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LUPTON (Last) REA

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/2/04

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenwood, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rea

14. MOTHER'S MAIDEN NAME: Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 2/6/23-2/17/26

16. SOCIAL SECURITY NO.: 223-14-3330

17. INFORMANT AND ADDRESS: Mrs. Emily H. Rea, 902 Silver Spring Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Dec., 1955, that I last saw the deceased alive on 21 Dec., 1955, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: L. O. [illegible] M.D. (Degree or title) ADDRESS: [illegible] DATE SIGNED: 21 Dec. 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/23/55 — NAME OF CEMETERY OR CREMATORY: Arlington Nat'l. Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 12-22-55 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12180 12161

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

Item 1, FilmC190 12-29-55 et

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville
STREET ADDRESS (If rural give location) Good Hope Road

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Orrell (Last) Rife

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12/17/1902

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Rife

14. MOTHER'S MAIDEN NAME: Tena E. Walmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 599-12-8824

17. INFORMANT & ADDRESS: Vida S. Rife Spencerville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Myocarditis — 2 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1953, to 12/13, 1955, that I last saw the deceased alive on 12/13/55, 1955, and that death occurred at 3:30 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS DATE SIGNED 12/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 16, 1955 | NAME OF CEMETERY OR CREMATORY Colesville Cemetery | LOCATION (City, town, or county) Montgomery Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-14-55 | REGISTRAR'S SIGNATURE Gertrude B Fawler

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12162

12091 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 413 17th St. NW.

3. NAME OF DECEASED: (First) Samuel (Middle) Lee (Last) Riffey
4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1955

5. SEX: M
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 2 1873
9. AGE last birthday: 82 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Riffey
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — Several
DUE TO

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Lymphatic Leukemia — One Year.
DUE TO

(C)

204.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17-, 1955, to 12-23, 1955, that I last saw the deceased alive on 12-23, 1955, and that death occurred at 1:10 A P M, from the causes and on the date stated above.
SIGNATURE Robert A Hare. M. D. ADDRESS Takoma Park, Md. DATE SIGNED 12-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-23-55 — NAME OF CEMETERY OR CREMATORY White Tops — LOCATION (City, town, or county) — (State) Va.
DATE REC'D BY LOCAL REGISTRAR DEC 24 1955 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR William Lee & Sons — ADDRESS [illegible]

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Items 7,11,13 - Film 12181 6/2/56

12163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Colesville, Silver Spring
STREET ADDRESS (If rural, give location) R.F.D.#2

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) (Last) Robinette

4. DATE OF DEATH (Month) (Day) (Year) 12 - 24 - 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 14, 1918

9. AGE Last birthday: 37 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Landscaper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~Tennessee~~ Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orvin Robinette, Orbin

14. MOTHER'S MAIDEN NAME: Nora Mae Gilliam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes

17. INFORMANT & ADDRESS: Home Mr. Reed, Funeral Director, Kingsport Funeral Kingsport, ~~Tennessee~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ..... Lobar Pneumonia ..... ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) ..... Acute Hepatitis ..... DUE TO ..... ?

(c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Grant J Brostuen M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial

DATE THEREOF 12/25/55

NAME OF CEMETERY OR CREMATORY Robinette Cemetery

LOCATION (City, town, or county) (State) Wise County, Virginia

DATE REC'D BY LOCAL REG. 12-24-55

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner E Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12164

12092 CERTIFICATE OF DEATH Reg. Dist. No. 23

1. PLACE OF DEATH: Takoma Park Montgomery
COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK, MD.
LENGTH OF STAY (in this place) 32 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7405 Carroll Ave

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) (Last) RUHOFF

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Apr 4 1879
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RTD
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hanover, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Christian Ruhoff
14. MOTHER'S MAIDEN NAME: Sofie Pfingsten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes), no, or unk.) (If Yes, give war or dates of service) Jan 19 – Mar 19
16. SOCIAL SECURITY NO. X
17. INFORMANT & ADDRESS: Lauella M. Ruhoff, wife.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 23 mo.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arterio-sclerosis — 5 yr +
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1955, to Dec. 3, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 12 AM, from the causes and on the date stated above.
SIGNATURE M.D. Myth Boyd Baker — ADDRESS 1635 Harvard St Wash DC — DATE SIGNED 12-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 12-3-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR Dec 3-1955 — REGISTRAR'S SIGNATURE J Wilson Dodd — 24. FUNERAL DIRECTOR W R Huntsman & Son — ADDRESS 5732 Ga Ave Wash DC

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12182 12165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 8300 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Conroy (Last) Sadler

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10-29-32	23 yrs.	2	0		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Radio Repairman	Radio	Washington, D.C.	USA

13. FATHER'S NAME: Ralph B. Sadler

14. MOTHER'S MAIDEN NAME: Lila S. Gares

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	Korean	yes	Julia H. Sadler- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) fracture of skull	
	DUE TO (c) Auto accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Street	Bethesda	Monty	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12-29-55-1:25 A.M.		driver in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brozhart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-31-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-3-56	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-55	Bessie M. Thompson	Robert W. Humphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12166

12183 CERTIFICATE OF DEATH Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church
STREET ADDRESS (If rural give location) 907 Hodge Place

3. NAME OF DECEASED: (Type or Print) (First) Dallas (Middle) Briggs (Last) SCHILLING

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-29-03

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Orin O. BRIGGS

14. MOTHER'S MAIDEN NAME: Mary V. HOWE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Floyde O. SCHILLING Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Vaginal Hemorrhage + Shock due to Urethra — INTERVAL BETWEEN ONSET AND DEATH 3d + 12hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Metastatic Ca to Corpus Uteri, Bladder 3 mos.

(C) Squamous Cell Carcinoma, Cervix Uteri over 1yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Widespread Atherosclerosis + Uremia

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Oct, 19 55, to 9 Dec., 19 55, that I last saw the deceased alive on 9 Dec., 19 55, and that death occurred at 3:05 AM, from the causes and on the date stated above.

SIGNATURE H. D. WEESE LTJG, MC, USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 13 Dec 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 9 Dec 1955

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Pearson Funeral Home ADDRESS Falls Church, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12167

12093 **CERTIFICATE OF DEATH**

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9305 North Ave

3. NAME OF DECEASED: (First) Verda (Middle) (none) (Last) Seilin

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 20 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R. N.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? American-U.S.

13. FATHER'S NAME: Joseph Wells

14. MOTHER'S MAIDEN NAME: Jeannie Lamont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Maurice David Seilin Husband Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Cerebral Hemorrhage (unvolunteering 4th Ventricle)	12 Days.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertensive Heart Disease	10 yrs.
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10 1955, to Dec 20, 1955, that I last saw the deceased alive on Dec 20 1955, and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE Kenneth Laughlin M.D. ADDRESS 934 Elsewood St. Silver Spring Md DATE SIGNED 12-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/22/55

NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery

LOCATION (City, town, or county) (State) Arlington County, Virginia

DATE REC'D BY LOCAL REGISTRAR Dec 21 1955

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12168

12094 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 40 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Elm Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 108 Elm Ave.,

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Shaw

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH. June 1, 1890 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plasterer | 10B. KIND OF BUSINESS OR INDUSTRY: Bldg Trades. | 11. BIRTHPLACE (State or foreign country): England | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Shaw

14. MOTHER'S MAIDEN NAME: Emma Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 108 Elm Ave., Mrs Belva Shaw, Takoma Park Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteri - sclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1955, to Dec. 24, 1955, that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 11:30 M, from the causes and on the date stated above.

SIGNATURE OBLitter M.D. ADDRESS 6911 5th St. N.W. Wash. D.C. DATE SIGNED 12/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec. 29-1955. | NAME OF CEMETERY OR CREMATORY St. Johns Cemetery | LOCATION (City, town, or county) (State) Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR Dec 29 1955 | REGISTRAR'S SIGNATURE Mrs Nellie Dodd | 24. FUNERAL DIRECTOR Oliver Talley 254 CARROLL ST N TAKOMA PARK 12, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12169

12184 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Indiana COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mishawaka
STREET ADDRESS (If rural give location) 226 Leyte Avenue

3. NAME OF DECEASED: (Type or Print) (First) Genevieve (Middle) Irene (Last) SHULTZ

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 19 55

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 3-7-26 | 9. AGE last birthday 29 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Indiana | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Verner MULHAUPT

14. MOTHER'S MAIDEN NAME: Violet KANABASHUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Gerald F. SHULTZ Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Compression atelectasis of lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Metastatic Adenocarcinoma of Colon — 4 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Dec, 19 55, to 21 Dec, 19 55, that I last saw the deceased alive on 21 Dec, 19 55, and that death occurred at 1:50A M, from the causes and on the date stated above.

SIGNATURE A. G. Webb — ADDRESS — DATE SIGNED

A. G. WEBB LTJG, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 26 Dec 1955 | NAME OF CEMETERY OR CREMATORY Memorial Cemetery | LOCATION (City, town, or county) (State) Mishawaka, Indiana

DATE REC'D BY LOCAL REGISTRAR 21 Dec 1955 | REGISTRAR'S SIGNATURE Mary E. Tasselly | 24. FUNERAL DIRECTOR Ridaldi Funeral Home | ADDRESS 816 H Street, N.E. Washington, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12185

12170
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seneca Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Germantown R-2 (rural)
STREET ADDRESS (If rural, give location) Seneca Rd.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Elmer (Last) Slack

4. DATE OF DEATH (Month) Dec (Day) 13 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Mar 20 1910

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months 0 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Fredericksburg Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Slack

14. MOTHER'S MAIDEN NAME: Carrie Estes Slack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James B. Slack. Germantown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage due to injuries DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Injuries DUE TO (c) due to shot gun wound

INTERVAL BETWEEN ONSET AND DEATH: (a) minutes (b) minutes (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home

21c. (City or town) Germantown R-2 (County) Mont (State) Md

21d. TIME OF INJURY (Month) 12 (Day) 13 (Year) 55 (Hour) 5:45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Shot by gun

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE Frank J. O'Brien M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 12 13 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-16-55

NAME OF CEMETERY OR CREMATORY Bethel Church Cemetery

LOCATION (City, town, or county) Germantown (State) Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Linda L. Cooke

24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12171

12186

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Olney
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ferdinand (Middle) Rhodes (Last) Smith

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 2/24/02

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 Hrs., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician

10B. KIND OF BUSINESS OR INDUSTRY: 5-78-09-2494

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph P. Smith

14. MOTHER'S MAIDEN NAME: Effie Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic Heart Disease — Not known

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22 19 55 to Dec. 23, 19 55, that I last saw the deceased alive on Dec. 22, 19 55, and that death occurred at 5:35 a.M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS [illegible] DATE SIGNED Dec. 12-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-27-55

NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 12-23-55

REGISTRAR'S SIGNATURE Gertrude B Fawler

24. FUNERAL DIRECTOR [illegible]

ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12172

12187 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital, NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia 47x-3
STREET ADDRESS (If rural give location) 1865 Monroe Street, NW

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Bruce (Last) SMITH

4. DATE OF DEATH: (Month) DEC (Day) 4 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 26 JAN 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: BRUCE SMITH

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Daurice B. ROMAN 1865 Monroe Street, NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Vascular Accident — 1 month

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Nov ., 1955., to 4 Dec , 1955, that I last saw the deceased alive on 4 Dec , 1955 and that death occurred at 3:15 M, from the causes and on the date stated above.

SIGNATURE Alexander G. Webb Jr. ADDRESS DATE SIGNED

LTJG Alexander G. WEBB, Jr., MC USNR, US Naval Hospital, NNMC, Bethesda, Md. 4 Dec 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BBrial — DATE THEREOF: 7 Dec 1955 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetary — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5 Dec 1955 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS: HINES Funeral Home 2901 14th St N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12173

12188 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 72 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. — COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5885 Rallins Avenue

3. NAME OF DECEASED: (Type or Print) First: Eva — (Middle) Carlson — (Last) Sparks

4. DATE OF DEATH: (Month) Dec. (Day) 1, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1909

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher

10B. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Carlson

14. MOTHER'S MAIDEN NAME: Edith Linstedt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The Clinical Center, Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

17-X

IMMEDIATE CAUSE (A) Post-Operative Shock, uncertain

ANTECEDENT CAUSE (S) DUE TO (B) Embolism

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Metastatic Cancer Right breast

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-30-55

19B. MAJOR FINDINGS OF OPERATION: Normal Ovaries; Met. Ca. in left Adrenal

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 55., to Dec. 1, 1955, that I last saw the deceased alive on Dec. 1, 1955., and that death occurred at 8:25 AM, from the causes and on the date stated above.

SIGNATURE Robert Austin M.D. M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 12-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation — DATE THEREOF: 12-2-55 — NAME OF CEMETERY OR CREMATORY: Lee's Crematory — LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REGISTRAR: 12/2/55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Wm Lee Sons Co — ADDRESS: Wash., D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12174

12189 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snowhill
STREET ADDRESS (If rural give location) Market Street

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Mae (Last) Stanford
4. DATE OF DEATH: (Month) (Day) (Year) December 19, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 28, 1903	52 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	---	Virginia	U.S.A.

13. FATHER'S NAME: Samuel Matthews
14. MOTHER'S MAIDEN NAME: Lilly Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 170X Cryptococcus meningitis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Panhypopituitarism
DUE TO
(c) Cancer of breast with metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1955, to Dec. 19, 1955, that I last saw the deceased alive on Dec. 19, 1955, and that death occurred at 7:35 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lewis E. Gibson	M.D.	The Clinical Center, NIH, Bethesda, Md.	12/19/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-23-55	Episcopal Cem.	Scotland Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/20/55	Bessie M. Thompson	J. Wm Lee Co.	300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Lee Co. 300-4 elst h E.
Ga.

Li 3-5200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12175

CERTIFICATE OF DEATH

12190

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 22 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural give location) 3915 Weller Road

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Bridget (Last) Stroud

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED (Specify), DIVORCED.
8. DATE OF BIRTH: 11-[illegible]-90
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY: Dress Shop
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dennis Conroy
14. MOTHER'S MAIDEN NAME: Elizabeth Hannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Vincent Stroud - son - above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs

ANTECEDENT CAUSE (S) DUE TO (B) Bronchial asthma — 50 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Hemorrhage with Left Hemiplegia 1-2 Hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1955 to Dec 20 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE John J Conroy M.D. ADDRESS 11301 Georgia Ave Silver Spring DATE SIGNED 12/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-23-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 12-22-55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins
ADDRESS 3821-14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12176

12095 CERTIFICATE OF DEATH Reg. Dist. No. 2-23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1109 Jeva St N.W.

3. NAME OF DECEASED: (First) Mildred (Middle) White (Last) Supplee
4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: May 30, 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housf
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas J. Deyerle
14. MOTHER'S MAIDEN NAME: Mildred Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: W. C. Supplee

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Spontaneous Rt Cerebral Hemorrhage
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Arteriosclerosis DUE TO
(C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1947, to 12/2/, 1955 that I last saw the deceased alive on 12/2, 1955 and that death occurred at 8 A M, from the causes and on the date stated above.
SIGNATURE Dean H Harding
ADDRESS 115 Carroll St NW DC
M. D.
DATE SIGNED 12/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-5-55
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem
LOCATION (City, town, or county) (State) Prince Georges Co Md

DATE REC'D BY LOCAL REGISTRAR Dec 2-1955
REGISTRAR'S SIGNATURE William Nelson
24. FUNERAL DIRECTOR Langston ADDRESS Deal Funeral Home

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12177

12096 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 1741 N Troy St

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Ann (Last) Taggart

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 22 1894

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): D.C

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas J. Broderick

14. MOTHER'S MAIDEN NAME: Anna Neale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Earl Taggart - Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis-Myocardial — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1955, to 12/1, 1955, that I last saw the deceased alive on 12/1, 1955, and that death occurred at 9:12 P M, from the causes and on the date stated above.

SIGNATURE Robert A. Hare. M.D. ADDRESS Takoma Park, Md DATE SIGNED 12/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 12-5-55 — NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cem. — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: DEC 2 1955 — REGISTRAR'S SIGNATURE: Milton Reid

24. FUNERAL DIRECTOR: The S. H. Hines Co — ADDRESS: 2901-14th St. N.W. Washington D.C.

MARYLAND

12178

STATE DEPARTMENT OF HEALTH

12191

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 204 W. Montgomery Ave.
STREET ADDRESS (If rural, give location) Rockville

3. NAME OF DECEASED (Type or Print) (First) RUTH (Middle) MARIE (Last) TAYLOR

4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sep. 4, 1898

9. AGE last birthday 57 yrs. If under 1 year Months. 3 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Eugene H. Smith

14. MOTHER'S MAIDEN NAME Lilly Kidder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No --

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Walter A. Taylor- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

451X
Immediate cause (a) Cardiac tamponade — ?

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Rupture first part aorta — ?
(c) Median necrosis of aorta — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary heart disease — ?

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1946, to 5 Dec, 1955, that I last saw the deceased alive on 4 Dec, 1955, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE W S Tingley (Degree or Title) MD ADDRESS DATE SIGNED 5 Dec 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE 12-7-55
NAME OF CEMETERY OR CREMATORY Ferncliff
LOCATION (City, town, or county) (State) Westchester Co., N.Y.

DATE REC'D BY LOCAL REG. 12-7-55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Tingley ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12179

12192 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Lenox Street

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 101 Lenox Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Davis (Last) TEWKSBURY

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: May 7, 1885 | 9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 7 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician | 10B. KIND OF BUSINESS OR INDUSTRY: Medical | 11. BIRTHPLACE (State or foreign country): Hutchinson, Kansas | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Brainard | 14. MOTHER'S MAIDEN NAME: Minnie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Susan W. Tewksbury-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — 10 years

DUE TO (C) Uremia — 3 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19.., to 12/28, 1955, that I last saw the deceased alive on 12/26, 1955, and that death occurred at 2:06 M, from the causes and on the date stated above.

SIGNATURE John W. Latimer Jr. — ADDRESS M.D. 1728 Mass. Ave. N. W. Wash. DC — DATE SIGNED

BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 12/30/55 | NAME OF CEMETERY OR CREMATORY: Parklawn | LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-28-55 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Robert C. Bumphrey | ADDRESS: Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12193 12180

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH

COUNTY: Montg — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X SilverSpring, Rural

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: To Marilea Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Montg

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Boyds X

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Noami (Middle) (Last) Thomas

4. DATE OF DEATH (Month) Dec (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	July 15th 1871	84 yrs.	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeping	Home Work	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J.N.Thomas	Unknown Ella Thomas.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
			Welfare Board Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 or 5 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Moderate Hypertension — 3 yrs.

DUE TO (C) Generalized arteriosclerosis with — 3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypostatic lung

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1955, to 12-1, 1955, that I last saw the deceased alive on 11-20, 1955, and that death occurred at 1:20 P.M. from the causes and on the date stated above.

SIGNATURE: [illegible] Rogers M.D. ADDRESS (Street, city, town, state): Silver Spring, Md. DATE SIGNED: 12-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-3-55	Boyds Cemetery	Boyds, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
12/5/55	Frances Potter	Ernest C. Gartner. Gaithersburg. Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12584

12194 **CERTIFICATE OF DEATH**

Reg. Dist. No. 217

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Zion,

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Russells Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda,

STREET ADDRESS (If rural give location) River Road.,

3. NAME OF DECEASED (Type or Print) (First) William (Middle) L. (Last) Thomas

4. DATE OF DEATH (Month) Dec. (Day) 31 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
male	colored	widowed	June 4, 1864	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Washington, D. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Thomas	Sarah Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Percy Holstein Rockville, Md. R. F. D. #

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio Sclerosis

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Right Hemiphlegia DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27/55, 19....., to 12/31/55....., 19....., that I last saw the deceased alive on 12/31/55....., 19 ...., and that death occurred at 4:45P M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) Sandy Spring **DATE SIGNED** Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/6/56	Ash Memorial	Sandy Spring, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
1-6-56	Gertrude B Fowler	Robert L. Snowden	Rockville Md

12195

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12181

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 211

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Clagettsville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1 Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural- Clagettsville
STREET ADDRESS (If rural, give location) R.F.D. # 1 Monrovia

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) E. (Last) Thompson

4. DATE OF DEATH (Month) Dec. (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 17, 1883

9. AGE Last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pradley Thompson

14. MOTHER'S MAIDEN NAME: Virginia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Esther Hurley, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Four (4) days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-13 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 15, 1955

NAME OF CEMETERY OR CREMATORY Montgomery Meth.

LOCATION (City, town, or county) (State) Clagettsville, Md.

DATE REC'D BY LOCAL REG. Dec 16, 1955

REGISTRAR'S SIGNATURE Della M. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

12196

12182

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville - Route #4
STREET ADDRESS (If rural, give location) 11105 Old Georgetown Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Tillman

4. DATE OF DEATH (Month) (Day) (Year) 12 - 29 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 14, 1928	27 yrs.	10	15		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Self-employed	Washington, D. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George F. Tillman, Sr.	Margaret West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	577-32-7164	George F. Tillman, Sr. -Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	15 min
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture of skull	
DUE TO		
	(c) Auto accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY street	21c. (City or town) Bethesda	(County) Monty Co	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-24-55-1:25 A M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Passenger in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bozzuto M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-29-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/55	St. Mary's	Rockville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-55	Bessie M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12100

CERTIFICATE OF DEATH

12183

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville; LENGTH OF STAY (In this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Muzzy (Last) Tipton

4. DATE OF DEATH: (Month) (Day) (Year) Dec 13 1955

5. SEX M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 27 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prop of rest home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Joseph Tipton

14. MOTHER'S MAIDEN NAME: Adda Muzzy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17 INFORMANT & ADDRESS: Mrs C M Tipton 216 - Balls Rd. Rockville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

H20.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1955, to Dec. 13, 1955, that I last saw the deceased alive on Dec. 13 1955, and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE M. D. W. R. Smithson — ADDRESS 110 E. Vand. St. Rockville — DATE SIGNED 12/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/16/55	Monocacy	Beallsville Md

DATE REC'D BY LOCAL REGISTRAR 12/19/55 — REGISTRAR'S SIGNATURE Laurell H. Traylor

24. FUNERAL DIRECTOR — ADDRESS William B. Hilton, Barnesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12184

12197 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9204 Crosby Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9204 Crosby Road

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Zullinger (Last) Totton

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 11/9/79

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Chambersburg, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Zullinger

14. MOTHER'S MAIDEN NAME: Amanda Ashway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Commander J. R. Zullinger 122 Lake Terrace Circle, Norfolk, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiac decompensation — 4-5 mo

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Hemorrhage — 1 yr

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1955, to 27 Dec, 1955, that I last saw the deceased alive on 12/23, 1955, and that death occurred at 11.45 P.M., from the causes and on the date stated above.

SIGNATURE William D. Auf M.D. ADDRESS Silver Spring DATE SIGNED 12/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/29/55 — NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery — LOCATION (City, town, or county) (State) Chambersburg, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 12-29-55 — REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12185

12198 # CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 9614 Kensington Parkway

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Harry (Last) TURNER

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4 December 22
9. AGE last birthday 33 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: Apartment House
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James T. TURNER
14. MOTHER'S MAIDEN NAME: Virginia SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mother Virginia S. TURNER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.2.2

IMMEDIATE CAUSE (A) Edema, pulmonary, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Myocardial Fibrosis — 15 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Dec 19 55 to 9 Dec., 1955, that I last saw the deceased alive on 9 Dec 1955, and that death occurred at 9:45 PM, from the causes and on the date stated above.

SIGNATURE W. P. Arentzen — ADDRESS W. P. ARENTZEN CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 13 Dec 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10 Dec 1955
REGISTRAR'S SIGNATURE Gary E. Connelly
24. FUNERAL DIRECTOR W. E. JARVIS FUNERAL HOME ADDRESS 1432 U Street, N.W. Washington, D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12186

12199 CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 3hrs. 27min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg, X
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) Baby (Middle) (Last) Waters

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1955

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12/23/55

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 3 Min. 27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl Wimms

14. MOTHER'S MAIDEN NAME: Theadora Seylock Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Heart failure due to

IMMEDIATE CAUSE (A) Atelectasis.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23, 1955 to 12/23, 1955, that I last saw the deceased alive on 12/23, 1955, and that death occurred at 5:40p. M, from the causes and on the date stated above.

SIGNATURE Irene J. Lael M. D. ADDRESS Gaithersburg Md. DATE SIGNED 12/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-27-55

NAME OF CEMETERY OR CREMATORY Emory Grove

LOCATION (City, town, or county) (State) Emory Grove, Md

DATE REC'D BY LOCAL REGISTRAR 12-27-55

REGISTRAR'S SIGNATURE Gertrude B Fawler

FUNERAL DIRECTOR Robert L. Saunders

ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12563

12200 # CERTIFICATE OF DEATH

Reg. Dist. No. 214

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2106 Forest Glen Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE New York COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn

STREET ADDRESS (If rural give location) 1774 E. 17th ST.

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) (Last) Weinstein

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed		70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Clothing	Russia	U.S

13. FATHER'S NAME Nathan Weinstein

14. MOTHER'S MAIDEN NAME Frieda —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS A H. Greene — 2106 Forest Glen Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerosis . Generalized — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14, 1953, to 12-27, 1955, that I last saw the deceased alive on 12-27, 1955, and that death occurred at 11:2 P.M., from the causes and on the date stated above.

SIGNATURE Irene Abrahamson M.D. ADDRESS (Street, city, town, state) 915-19th St. N.W. Wash DC DATE SIGNED 12-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/55	New Montefiore Cem.	Pinelawn, Long Is. N.Y.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
1/6/56	Frances Hartie	B. Davansky & Son	601 14th ST. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12201

CERTIFICATE OF DEATH

Reg. Dist. No. 12187 2/19

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8601 Old Bladensburg Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 8601 Old Bladensburg Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) F (Last) WEST

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6/5/85

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Air Brake Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan West

14. MOTHER'S MAIDEN NAME: Kate Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Frances West, 8601 Old Bladensburg Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchogenic carcinoma 7

ANTECEDENT CAUSE (S) DUE TO right lung.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1955, to Dec. 23, 1955, that I last saw the deceased alive on Dec. 23, 1955, and that death occurred at 7:30 P. M, from the causes and on the date stated above.

SIGNATURE M. D. Thomas J. Kelly ADDRESS 4001 S. Dakota Ave DATE SIGNED 12/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12/27/55

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 12-27-55

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12188

12097 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring.
STREET ADDRESS (If rural give location) 2005 Osborn Drive

3. NAME OF DECEASED: (Type or Print) (First) Cicilee (Middle) Ann (Last) Wicker

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1955

5. SEX: fe. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: 2-10-36 9. AGE last birthday 19 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D. C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Burrell F. Wicker

14. MOTHER'S MAIDEN NAME: Clifford Vincent.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service) None 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: father + Wash. Sanx Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) J90X DUE TO pneumonia, lobar — 24hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO cerebral palsy — 19yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Dec, 1956, that I last saw the deceased alive on Dec, 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE John M. Lupman M.D. ADDRESS 7659 Georgetown Rd Bethesda Md DATE SIGNED Dec 26, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial DATE THEREOF 12-30-55 NAME OF CEMETERY OR CREMATORY Tangerine Mem LOCATION (City, town, or county) (State) Zellwood, Orange Co. Fla

DATE REC'D BY LOCAL REGISTRAR Dec 26 1955 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12189

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12202 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 5300 Broad Branch Road

3. NAME OF DECEASED: (Type or Print) (First) Earley (Middle) V. (Last) WILCOX

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 16, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 10 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Author

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abram Wilcox

14. MOTHER'S MAIDEN NAME: Sallie Meade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Dell Floyd- 1700 Taylor St. Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — Many years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1955 to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 11:35 P M, from the causes and on the date stated above.

SIGNATURE: Bradley D Hodgkins M. D. ADDRESS: 4413 Bradley Lane DATE SIGNED: Dec 21, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation

DATE THEREOF: 12-28-55

NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory

LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-27-55

REGISTRAR'S SIGNATURE: Bessie McThompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12150

12203 **CERTIFICATE OF DEATH** Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to Wash Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 4207 Brookfield Dr.

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) E. (Last) Wilcox

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1955

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH. Oct. 7, 1882
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.w.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward briggs
14. MOTHER'S MAIDEN NAME: Emma Bergy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 4207 Brookfield Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary infarct	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Sclerosis	5 yrs
	DUE TO (C) Diabetes mellitus	15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Essential hypertension		10 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Dec. 17, 1955, that I last saw the deceased alive on Dec. 17, 1955, and that death occurred at 1 P.M. from the causes and on the date stated above.
SIGNATURE Samuel M Bogeant ADDRESS M.D. 5600 N. H. Ave. Wash. D.C. DATE SIGNED 12.17.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/19/55
NAME OF CEMETERY OR CREMATORY Washington Nat.
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 12-19-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12191

12098 # CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2200 Apache Street

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Rosalie (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 18 1955

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow | 8. DATE OF BIRTH: 3-5-78 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ned Rodgers
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Son + Wash. San + Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332.X
IMMEDIATE CAUSE (A) Cerebral Thrombosis — 1 month
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 19 55, to Dec 18 19 55, that I last saw the deceased alive on Dec 17, 19 55, and that death occurred at 7:25 AM, from the causes and on the date stated above.

SIGNATURE James H. Whitfield, MD — ADDRESS M.D. Takoma Park 12 Md — DATE SIGNED 12-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit-Burial | DATE THEREOF 12-20-55 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetary | LOCATION (City, town, or county) (State) Newport News Virginia

DATE REC'D BY LOCAL REGISTRAR Dec 19-1955 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR 2901 14th st. ADDRESS S.H. Hines Co. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12204

CERTIFICATE OF DEATH

12192

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 7 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 3616 Jarett st.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last) Mills

4. DATE OF DEATH: (Month) Dec (Day) 27, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 21 Sept 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Route Agent Evening Star

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Mills

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Right Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-3 day

ANTECEDENT CAUSE (S) DUE TO (B) Left Cerebral Hemorrhage — 5 wk.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Art Sclerosis — 10-15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive Heart Failure — intermittent

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT ☐ WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1954, to 27 Dec 1955, that I last saw the deceased alive on 26 Dec, 1955, and that death occurred at 8:30 P M, from the causes and on the date stated above.

SIGNATURE Wharton L White M. D. ADDRESS 11134 Georgia Ave Wheaton DATE SIGNED 27 Dec 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 12/30/55 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem. — LOCATION (City, town, or county) (State) Prince George's Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 12-28-55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS The S. H. Nines Co. 2901-14th St. N.W. D.C.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12193

12205 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4827 Cheevy Chase Drive

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Withers

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: Jan 24, 1955 | 9. AGE last birthday: ___ yrs. IF UNDER 1 YEAR, Months ___ Days ___ IF UNDER 24 HRS., Hours 3 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Joseph Withers | 14. MOTHER'S MAIDEN NAME: Gerald Bryant Bacon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ___ | 17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ANOXIA

ANTECEDENT CAUSE (B) DUE TO PREMATURITY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: A few hours.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1955 to Dec 27, 1955 that I last saw the deceased alive on Dec. 27, 1955, and that death occurred at ___ M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED 12-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/28/1955 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 12-29-55 | REGISTRAR'S SIGNATURE Bernie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12194

12206 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4827 Cheny Chase Drive

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) (Last) Withers

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: December 26 1955 | 9. AGE last birthday ____ yrs. | IF UNDER 1 YEAR Months ____ Days ____ | IF UNDER 24 HRS. Hours 6 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): U.S.A. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: James Joseph Withers | 14. MOTHER'S MAIDEN NAME: Gerald Pryor Baton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ____ | 17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

11.2.5

IMMEDIATE CAUSE (A) ANOXIA — INTERVAL BETWEEN ONSET AND DEATH: E½ Hours

ANTECEDENT CAUSE (B) DUE TO PREMATURITY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1955, to Dec. 27, 1955, that I last saw the deceased alive on Dec. 27, 1955, and that death occurred at ____ M, from the causes and on the date stated above.

SIGNATURE [illegible], M.D. | ADDRESS 7620 Old Georgetown Rd | DATE SIGNED 12-28-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/28/1955 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 12-27-55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12195

12207 # CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 14 hrs 14 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 825 Arlington Towers

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) (Last) WOOLLEY

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-16-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 14 Min. 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -
10B. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Herbert T. WOOLLEY
14. MOTHER'S MAIDEN NAME: Jean MC DONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT'S ADDRESS: Father Herbert T. WOOLLEY Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 14 hrs 14 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Apnea Neonatorum — Same

DUE TO (C) Prem. Birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Dec, 19 55, to 17 Dec, 19 55, that I last saw the deceased alive on 17 Dec, 19 55, and that death occurred at 10:45A M, from the causes and on the date stated above.

SIGNATURE C. L. Waite — ADDRESS — DATE SIGNED

C. L. WAITE LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-27-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 22 Dec 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME ADDRESS 7557 Wisconsin Ave., Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

20652229 43

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12196

Item 2, Film G190 1-3-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: 12208
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Rest Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10205 Proctor St.

3. NAME OF DECEASED: (Type or Print) (First) SALLY (Middle) (Last) WORTHINGTON

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug 18, 1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY: wife

11. BIRTHPLACE (State or foreign country): Nicholasville Ky.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George C H Lest

14. MOTHER'S MAIDEN NAME: Mary Jane Lest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO. —

17. INFORMANT'S ADDRESS: Charles Munchy

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4434 IMMEDIATE CAUSE (A) HYPERTENSIVE HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO GENERALIZED ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO ESSENTIAL HYPERTENSION

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1947, to Dec 20, 1955, that I last saw the deceased alive on Dec 16, 1955, and that death occurred at 4.50 AM, from the causes and on the date stated above.

SIGNATURE Thomas Linder M. D. ADDRESS 526 Norway Av. Chevy Chase, Md. DATE SIGNED Dec 20. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-23-55 — NAME OF CEMETERY OR CREMATORY Versailles Cem. — LOCATION (City, town, or county) (State) Versailles Ky.

DATE REC'D BY LOCAL REGISTRAR 12-22-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING